Lectures

ON THE

PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM;

AND ON THE

TREATMENT OF ORGANIC NERVOUS AFFECTIONS.

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LECTURE I.

ON SPINAL HEMIPLEGIA.

Characteristic symptoms of spinal hemiplegia.—Cases of wound and other kinds of lesion of the spinal cord having produced in the limbs, the face, and the eye the paralytic, anæsthetic, hyperæsthetic, and the principal vaso-motor symptoms of spinal hemiplegia.—Cases of incomplete spinal hemiplegia.—Comparison of spinal with cerebral hemiplegia.—Treatment of spinal hemiplegia.

GENTLEMEN,—It is my intention to give in this first lecture a full history of a very interesting, but very little known, kind of paralysis. You would vainly look for an account of the curious and peculiar symptoms of this affection in the works of even the best writers on the physiology and diseases of the nervous system. I must say, however, that Dr. R. Bright* and Dr. Todd† have spoken of spinal hemiplegia, but no mention is made by them of the peculiar features of that affection, either because the cases they have seen were of the kind which I will describe hereafter under the name of incomplete spinal hemiplegia, or because the characteristic symptoms of the complete hemiplegia from disease of the spinal cord, although existing in those cases, have attracted no attention. On the other hand, some cases of genuine and complete spinal hemiplegia have been published by writers who have not understood what was the signification and importance of the symptoms they have described. Such is a remarkable case published by Dr. Dundas, and to which I shall revert by-and-by.

Experiments on animals have led me to the discovery of the very striking and curious features of the complete spinal hemiplegia. I gave for the first time a description of these symptoms in the lectures I delivered, in 1858, at St. Bartholomew's Hospital and at the College of Surgeons.‡ At that time, however, I had only observed them in animals; but since then I have seen no less than twenty cases of complete spinal hemiplegia, or of a similar affection, which I will describe under the name of hemi-paraplegia. Both these affections are certainly rare, and I owe the good chance I have had of observing many cases to my efforts in hunting for them, and to the kind assistance of medical friends and pupils.§

I hardly need to say that spinal hemiplegia is the effect of a disease of, or an injury to, a lateral half of the spinal cord. The principal symptoms are, paralysis of voluntary movements and hyperæsthesia on one side (the side of the lesion), and anæsthesia on the other side. But, besides these characteristic features, others are also observed, which are perhaps no less remarkable, amongst which I will only point out now symptoms of paralysis of the vaso-motor nerves in the limbs, the face and the eye.

The explanation of the symptoms of spinal hemiplegia is extremely simple and easy. Experiments on animals and a great many clinical facts show that an injury, destroying a small zone, or dividing the whole lateral half, of the spinal cord in the cervical region, produces the following symptoms:—

1st. Paralysis of the voluntary motor conductors on the same side.

2nd. A paralysis also of the vaso-motor conductors on the same side, and, as a consequence, a greater afflux of blood and a higher temperature.

3rd. Hyperæsthesia—i.e., increased sensibility in the paralysed parts, owing, in great measure at least, to the vaso-motor paralysis.

4th. The well-known effects of division of the cervical sympathetic nerve in the eye and face on the side of that section, owing to the paralysis of the nerve-fibres which the spinal cord gives to that nerve through the first and second dorsal nerves.

5th. There is anæsthesia of all kinds of sensibility, excepting the muscular sense, in the side opposite to that of the lesion in the spinal cord, owing to the fact that the conductors of sensitive impressions from the trunk and limbs decussate in the spinal cord, so that an injury in the cervical region of that organ in the *right* side, for instance, alters or destroys the conductors from the *left* side of the body.

6th. There is some degree of anæsthesia also on the side of the lesion, in a very limited zone, above the hyperæsthetic parts, and indicating the level of the lesion in the cord. This anæsthesia is due to the fact that the conductors of sensitive impressions reaching the cord through the posterior roots, at the level or a little below the seat of the alteration, have to pass through the altered part to reach the other side of the cord.

Some differences in the symptoms will of course exist, according to the extent and seat of the lesion in the spinal cord, and to its duration at the time we examine the patients. I intend to confine myself in this lecture to the properly called spinal hemiplegia—i.e., a paralysis of both limbs on one side, caused by a lesion in the cervical part of the cord; leaving for the next lecture the history of hemi-paraplegia—i.e., a paralysis of only one of the lower limbs, and caused by lesion in the dorsal or lumbar parts of the cord.

The following table shows at a glance what are the symptoms observed in the two sides of the body, when the disease of, or injury to, the spinal cord exists high up in one of the lateral halves of the cervico-brachial enlargement:—

On the side of the Lesion.	On the other side.
I.—*In the Lower Limbs.*	
1st. More or less complete paralysis.	1st. No paralysis.
2nd. Loss or diminution of the muscular sense.	2nd. Muscular sense normal.
3rd. Increased sensibility to touch, tickling, heat and cold, and painful impressions (pricking, pinching, galvanism, &c.)	3rd. Loss or marked diminution of the four kinds of sensibility.
4th. Perfect knowledge of the part on which is made a sensitive impression of any kind.	4th. Loss or great diminution of the faculty of detecting where an impression is made.
5th. In the beginning, and sometimes for years, greater afflux of blood and elevation of temperature.	5th. Temperature relatively and sometimes absolutely lower.
6th. Generally no other alteration of nutrition than a muscular atrophy, which is not considerable even after a much prolonged paralysis.	6th. No muscular atrophy, but other kinds of alteration of nutrition.
II.—*In the Upper Limbs.*	
7th. More or less muscles paralysed.	7th. No paralysis.
8th. Increased sensibility in a few, in many, or in almost all parts of the limb, mixed up sometimes with anæsthesia of one or several kinds of feeling in some parts.	8th. More or less complete anæsthesia of all kinds of feeling, in all or in many parts.
III.—*In the Neck and Head.*	
9th. Sometimes anæsthesia and hyperæsthesia in some parts of the neck.	9th. Sometimes anæsthesia.
10th. Symptoms of section of the vaso-motor nerve in the face and eye (such as higher temperature, increased sensibility, partial closure of the eyelids, constricted pupil, slight contraction of some facial muscles, &c.)	10th. Normal state in the the face and eye.

* Reports of Medical Cases, vol. ii., part i.

† Clinical Lectures on Paralysis, &c., by Dr. R. B. Todd, 1854, p. 331 *et seq.* Two cases are given, but one of them, as I will show in another lecture, was a case of reflex hemiplegia, followed by paraplegia.

‡ See my Course of Lectures on the Physiology and Pathology of the Central Nervous System. 1860. Lectures III., VII., and XII.

§ Some interesting cases in support of my views have been reported by friends of mine, amongst whom I will name Dr. C. B. Radcliffe, Dr. J. Hughlings Jackson, and Dr. Victor Buzire. In one of his valuable lectures on Hemiplegia, Dr. Hughlings Jackson has called attention to this subject. (See the London Hospital Reports, vol. ii. 1866, p. 392.)

These symptoms may be summed up thus:—*On the side of the lesion in the cord* there is—

Paralysis of voluntary movement, of the muscular sense, and of bloodvessels;

Increased sensibility in the trunk and limbs, except, sometimes, in a part of the arm, chest, or neck, where there may be some anæsthesia; and

Symptoms of vaso-motor paralysis in the limbs, the face, and the eye.

While *on the other side* there is—

Anæsthesia in both limbs; and

No paralysis.

To sum up still more, I will say that spinal hemiplegia (when complete) is characterised by loss of voluntary movements in one side of the body, and loss of sensibility in the other.

It is not necessary, I believe, to point out the differences between the complete spinal hemiplegia and cerebral hemiplegia. Those differences are sufficiently striking; but in speaking of incomplete spinal hemiplegia I will revert to this diagnosis.

I will now give a number of cases, beginning with several observed by myself.

CASE 1. *Wound of the spinal cord: paralysis of voluntary movement in the right limbs; hyperæsthesia of the four kinds of sensibility in the right lower limb, with anæsthesia of the same kinds of feeling in the left limbs, and signs of vaso-motor paralysis in the face and eye on the right side.*—Mr. F——, aged thirty-five, captain of a merchant vessel, was stabbed in the neck, in the harbour of San Francisco, California, on the 19th of October, 1853. He lost his senses instantly, and fell. He bled profusely, but someone soon succeeded in stopping the hæmorrhage by pressing on the wound. He remained unconscious from the time he received the stab (about 8 P.M.) until the next morning. During the night he was a little delirious and feverish, but since then he has had no fever or cerebral symptoms. On recovering his senses he found that he was completely paralysed in both limbs on the right side, and that the left side was also partly paralysed. Sensibility, instead of being lost in the completely paralysed side, was so much increased that he could not lie on that side (the right) owing to the pain caused by the pressure on the bed. The sight, hearing, and other senses were unaffected; his speech was not impaired, he could swallow without any difficulty, and move freely all the muscles of the eyes and face. His breathing was not disturbed, but his pulse was weak and slow. He had no vomiting, and no decided incontinence of fæces or urine, but he had to hasten to pass his water when the need was felt. He remained several days in this condition, being all the time very weak, and often almost in a syncopal state, yet always perfectly conscious, except on one occasion, when, having been much moved at seeing a friend, he completely fainted away for a few minutes. For two or three months he was absolutely unable to turn in bed, and it was only at the end of four months that he began to stand, for a few moments, on his left leg. The wound did not give him much pain, and soon healed, and the movements of the head and neck became quite free after this healing. Symptoms of slight inflammation, or at least great congestion, of a part of the right half of the spinal cord—such as twitchings, jerkings, and tremblings, with a feeling of pricking and other painful sensations in the paralysed limbs—soon appeared after the injury, and still occur now. Gradually, but very slowly, he improved, and was in the following condition when I first saw him.

In August, 1862, he came to me, recommended by Mr. Jabez Hogg. His general health was pretty good. There was nothing abnormal in the head and face except what will be hereafter mentioned. The wound has left a scar a little more than one inch in length, longitudinal and almost parallel to the middle line of the spine, to the left of it at a distance of about three inches from it, and distant from the front middle line about five inches, having its top part about an inch and a half behind the lower part of the left ear. He had become able to walk with the help of a cane, although the right limbs were still notably paralysed and stiff. The left limbs had for a long while recovered completely the power of motion.

Comparing the two lower extremities one with the other, I found that the *right* (*the paralysed one*) *had a morbidly increased sensibility* (hyperæsthesia), while the *left had a considerable degree of anæsthesia*. Studying the various kinds of sensibility, I ascertained the following facts:—

1st. The *tactile sensibility* was increased in most parts of the paralysed limb, and considerably decreased in every part of the other, as proved by these observations.

Right, or paralysed leg.	*Left, or non-paralysed leg.*
The application of the æsthesiometer gives the sensation of the two points when at a distance of 2¾ or 3 millimetres on the dorsal surface of the big toe.	This application only gives the sensation of one point, on the big toe, even when the points are, as far as they can be, one from the other.
On the dorsum of the foot the two points are felt at a distance of from 2½ to 2¾ centimetres.	On that part, even at the distance of 7 centimetres, the two points only give the sensation of one.
On the sole of the foot the two points are felt at a distance of 4 centimetres.	Only one point felt, even when the two are 12 centimetres one from the other.
On the front part of the leg both points were felt when separated by from 12 to 13 millimetres.	Here only one point felt, even when the interval between the two was 13 centimetres.
On the posterior aspect of the leg both points were felt at a distance of 14 to 16 millimetres.	Here always but one point, even when the two were 12 or 13 centimetres one from the other.

For his feeling one point on the left leg it was necessary to press very hard, while he was able to distinguish the two points even when they touched but very slightly the paralysed leg. The faculty of recognising the shape of bodies applied on the legs was quite lost in the left leg, and perfect, on the contrary, in the right or the paralysed leg.

2nd. The *feeling of tickling* was considerably increased in the right or paralysed lower extremity, while it was completely lost in the non-paralysed one.

3rd. The *sense of temperature* (the power of feeling heat and cold) was considerably increased in the right or paralysed lower limb, and lost in the left, which has accidentally been burnt sometimes without his feeling the burn.

4th. There was considerable hyperæsthesia as regards the *painful sensations* of pricking and pinching in the right or paralysed lower extremity, while there was almost a complete analgesia in the left or non-paralysed leg.

5th. The *faculty of recognising the place* on which was made a sensitive impression of any kind was perfect in the right or paralysed leg, while it was lost in the whole length of the left lower limb.

6th. The power of directing movements, which depends on the *muscular sense*, was markedly altered in the paralysed lower limb, while it was perfect in the non-paralysed one.

With regard to the condition of nutrition and of animal heat in the two lower extremities, I found: (1) that, although the paralysis had existed for nine years, the atrophy of the right limb was not very great—the calf of the leg on that side had a circumference of 31¼ centimetres, while that of the non-paralysed leg was 35 centimetres; (2) that, notwithstanding its atrophy, the paralysed leg was apparently warmer than the other (between the toes the thermometer marked 1° cent. (1·8° Fahr.) more in the paralysed than in the other side); (3) that the bloodvessels were larger and more numerous in the paralysed leg than in the other; (4) that the cutaneous perspiration was more abundant in the paralysed leg than in the other; (5) that the nails were normal in the paralysed lower extremity, while in the other one (the anæsthetic) they were extremely thick, and presented many parallel longitudinal splits, besides being very loosely attached to the skin.

Passing now to the upper limbs, I found that they offered the following differences:—

1st. The right limb was still notably paralysed and contracted;* while the left was strong, and perfectly normal as regards voluntary movements.

2nd. The tactile sensibility was altered in both limbs. On the right side the back of the hand gave the sensation of the two points of the æsthesiometer when at a distance of 2 centimetres, while on the left it was only at 9 centimetres that they were both felt. In the palm of the hand the two points were recognised at the distance of 6 or 7 millimetres on the right side, and 10 to 12 millimeters on the left. On the forearm, in its front part, the limit of recognition of two points was 2½ centim. in the right side, and 2¾ in the left. In the back part of the forearm the limit was 1¼ centim. in both sides. Both arms, from the elbow to the shoulder, were so anæsthetic

* A few years before I first saw him there was such a spasmodic contraction of the calf of the right leg that Mr. Lonsdale divided the tendo Achillis.

that it was necessary to press hard to make the points be felt at all, and it was only when they were at 12 centim. that the two were felt. The faculty of recognising the shape of bodies was diminished in both hands, and especially in the index and thumb of the right and in the other fingers of the left hand. In the fingers of both hands he did not recognise the two points of the æsthesiometer even at a distance of 4 centim. The knowledge of the place touched was diminished in both arms, but much more in the left one.

3rd. As regards the *feeling of tickling*, several parts of the upper limb on the right side were endowed with it to a greater degree than usual. Not so with the left arm, which was almost entirely deprived of that kind of feeling.

4th. The *sense of temperature* was increased in the right arm, and almost completely lost in the left upper limb—so much so that he has sometimes been burnt without feeling it at all.

5th. The *sensibility to pricking and pinching* was increased in the right limb, while in the left the anæsthesia to painful sensations is such that he once accidentally had nails stuck into his fingers without being aware of it till he felt a resistance when he tried to withdraw his hand.

6th. The *muscular sense* was very much altered in the right limb (the paralysed one), and perfect in the left.

7th. There was some atrophy of the muscles of the right limb, the forearm there measuring 24½ centimetres, while the left forearm had a circumference of 25½ centimetres.

8th. There was more blood in the right limb than in the other, and its temperature was also superior by from 1° to 2° cent. (1°·8 to 3°·6 Fahr.) Besides, the right arm perspired more freely than the left. The nails of the left hand were altered, but less than those of the left foot.

Examining the eyes and face, I found the following differences between the two sides:—

1st. The eyelids were less opened on the right side than on the left.

2nd. Both pupils were constricted; but his sight was not so good with the right as with the left eye.

3rd. The lachrymal secretion was more abundant in the right side than in the other.

4th. He had frequent headaches, limited to the right side.

5th. Several muscles of the face were slightly contracted on the right side; so that the angle of the mouth was nearer the ear and the eye on that side than on the other.

6th. The sensibility of the face was very slightly increased on both sides, but more on the right than the left.

He has very often been seized with a peculiar kind of convulsive attacks, which have occurred sometimes spontaneously; but by far more frequently when he stretched himself in bed. The first of these attacks he had a few weeks after the injury. It began with a spasmodic closure of the jaws, and a tetanic stiffness in the trunk and four limbs; and, after a few seconds, epileptiform convulsions took place in the right limbs, and lasted half a minute. For several years he has had three or four convulsive attacks a week; but the frequency gradually became less, and lately he has had but five or six seizures a month. The violence has become usually very much less also, the attacks consisting only of a cramp, followed by some shaking of the right leg. In stronger attacks, the left limbs still become rigid; while the right ones, and particularly the arm, are seized with clonic convulsions. His attacks only last half a minute.

The muscles of the vertebral column on the right side are weak and somewhat contracted.

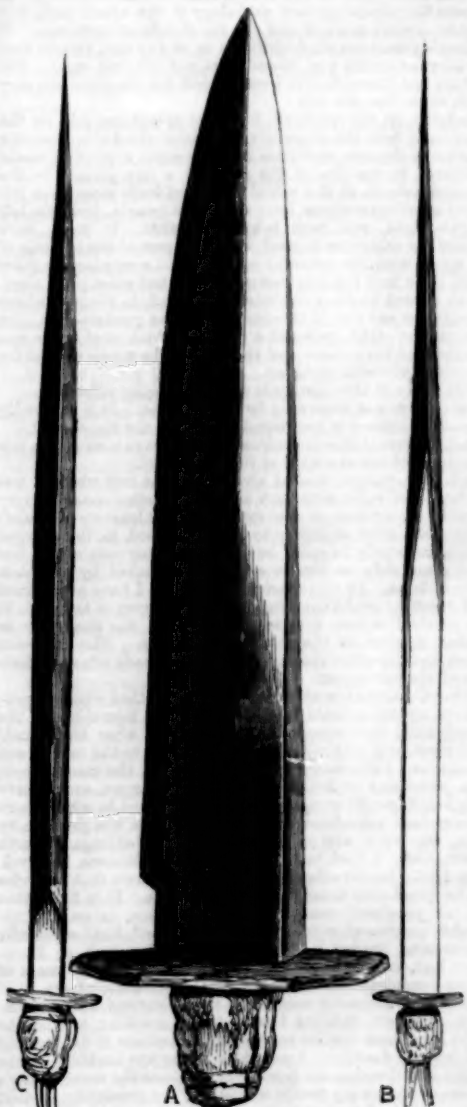
Among the referred sensations which are so common in affections of the spinal cord one only has been very troublesome: it is a feeling of burning heat, apparently arising from the index finger of the left hand, which was quite anæsthetic, especially to cold and heat.

He has not had spontaneous pain in the spine, but when I pressed on the fourth and fifth cervical vertebræ I found them very tender. The skin, however, was much benumbed over these bones, and there was almost complete anæsthesia on the right side, extending a few inches from the middle line at the level of the fourth and fifth cervical vertebræ. Behind the ears there was hyperæsthesia in both sides: he felt the two points of the æsthesiometer when only at 4 millimetres one from the other.

Since I last saw the patient, my able friend, Dr. Hughlings Jackson, has had the kindness to examine him again, in September, 1865, and has made out a few facts which deserve to be mentioned: 1st. The right (paralysed) lower limb moves vigorously when the sole of the foot is tickled, but very much less than the other. 2nd. Although the muscles of the left (anæsthetic) lower limb contract much more than those of the right (paralytic) one, he felt pain when this last limb was galvanised, but not when the other was submitted to the same irritation.* 3rd. The temperature of the right leg, which previously was higher, was found inferior to that of the left. 4th. The patient married in 1864, and he states that his sexual power is not much diminished. The faculty of retaining his water is still somewhat weak.

Before I examine what took place in this case, I will say that M. F——, the patient, was shown by me to many members of the British Medical Association, at their meeting in London in 1862; and also that he was often shown to the physicians and students attending my clinical lectures at the National Hospital for the Paralysed and Epileptic.

FIG. 1.



A gives a side view of the blade of the knife. B, the back side. C, the sharp edge. In B and C the engraver has represented the points of the blade thinner than they are.

* In these researches Dr. Jackson has had the valuable assistance of Mr. J. N. Radcliffe.

M. F——, is very short, and was stabbed by a man who is at least six feet high. These facts will help to make you understand how the wound was inflicted. The two men were standing, Mr. F—— with his back turned to his assailant, who probably tried to kill him by plunging a knife from above into the lungs. Here is a drawing (Fig. 1), which I owe to Dr. J. Hughlings Jackson, representing that knife nearly in its full length. The blade was about six inches long, and has been shortened a few lines by being sharpened. There was blood upon it in all its length except about 1½ inch.

It is, of course, impossible to know exactly what was the greatest injury to the spinal cord in this case. The patient is, I believe, still alive, and if an autopsy were made at this late day (the wound was inflicted in October, 1853—i. e., fifteen years ago), it would not reveal what was the lesion which existed at first. But in the actual state of our knowledge, as regards the physiology and pathology of the spinal cord, it is easy to explain most, if not all, the details of that case. If something must remain doubtful, it is, at any rate, certain that the nervous centre was wounded in the cervical region, and that its two lateral halves were injured, but the right one very much more than the left.

Judging, on the one hand, from the symptoms, and on the other hand from the shape of the blade of the knife, from the location of the scar, and from the very small angle that would be formed by the line of the scar and a line parallel to the longitudinal axis of the spinal cord, the knife must have followed an oblique course from above downwards, from the left to the right, and from behind forwards. It must have divided, or otherwise injured, at least a part of the left side of the spinal cord (the posterior column), and a very large portion of its right half (its grey matter chiefly, but other parts also). Blood effused in the right side of the cord, in the part where the number and size of bloodvessels are the greatest—i. e., the grey matter,—has produced a pressure which most likely was the cause of the paralysis of the four limbs which existed for some time after the stabbing.

The study of this case leads to the following remarks:—

1st. There was fever only for a short time. It is so usually in cases of incised or punctured wounds of the spinal cord.

2nd. As usual also in such cases, there have been only a few symptoms of inflammation of the spinal cord.

3rd. The patient fainted away twice: at first when he was stabbed, and again nine days after. His pulse remained very weak for a long time. A syncopal state (or at least a weak pulse) is not rare after an injury to the spinal cord, in the cervical region, especially in cases in which that nervous centre has been completely or almost completely crushed by a broken piece of bone. In experiments on animals, I have ascertained that crushing or dividing suddenly a good part of the cord, in the cervical region, acts on the heart in the same way as similar injuries to the medulla oblongata. This influence ceases to exist when the experiments are made after the division of the par vagum.

4th. A convulsive affection, resembling that which I produce in certain animals by the section of a lateral half of the spinal cord, soon appeared in the patient after his wound. This must be a very rare effect of an injury to the cord in our species, as I have vainly looked for it in all the cases I know of a punctured or incised wound of that organ, and I have only found one other case of injury to the cord in which there were general convulsions. In this case there was pressure by an exostosis; it was published by Dr. E. Geddings ("North Amer. Arch. of Med. and Surg. Science." Baltimore, 1835, vol. i., p. 110). On the other hand, it is well known that tubercles in the spinal cord usually cause convulsions. If in limbs that are not paralysed, convulsions are very rare, in cases of incised or punctured wounds of the spinal cord, local spasmodic movements, limited to the paralysed limbs, such as F—— often had, are, on the contrary, almost constant in cases of spinal hemiplegia due to such wounds or to other causes.

5th. The increased sensibility to the various kinds of impression (touch, tickling, heat and cold, pricking, &c.) on the right lower limb is quite remarkable on account of its intensity and its long duration. I pointed out long ago (in 1849), at the time I introduced in the practice of medicine the use of Weber's means of measuring tactile sensibility, the possibility for that special kind of feeling to become considerably increased, as much, in fact, as we know that sensibility to painful impressions can increase. In the case of F——, we find that the tactile sensibility of the big toe and the leg on the right side was three or four times as acute as in health.

6th. In this case, as usual in cases of spinal hemiplegia, there was some anæsthesia, particularly to tactile impressions in the arm and neck on the side where the lower limb and other parts were hyperæsthetic. This I have already explained in the beginning of this lecture, and I will only say that this loss of feeling is of importance, in conjunction with the hyperæsthesia and paralysis and also the facial and ocular symptoms, all on the same side, to prove that the spinal cord was chiefly injured on that side (the right).

7th. There was in this case a symptom which I did not mention in the list I gave of the symptoms of spinal hemiplegia: there was some degree of hyperæsthesia in both sides of the neck above the limits of anæsthesia, and in parts receiving their nerves from the spinal cord above the injury. Mr. G. Busk found, long ago, in a case of complete paraplegia (reported by Dr. W. Budd in the "Medico-Chir. Transactions," 1839, vol. xxii., p. 179), a circular zone of hyperæsthesia at the limit of anæsthesia and paralysis. In 1856, an eminent physiologist, Dr. Aug. Waller ("Comptes Rendus de la Société de Biologie," 1856, p. 138) found that in guinea-pigs, in which he had divided transversely the spinal cord, there was a narrow circular zone of hyperæsthesia on the upper limit of the anæsthesia. I have ascertained that a division of a lateral half of the spinal cord in the cervical region, in rabbits, produces hyperæsthesia in the same side in a small zone animated by nerves arising from the cord above the section; and that if the posterior column, with perhaps a very small part of the grey matter of the other side, are also divided transversely at the level of the first operation, there is hyperæsthesia also in a similar zone on this last side. This is most likely what occurred in the case of F——.

8th. The persistence of respiratory movements in the side of the principal injury to the spinal cord, as well as in the other, was due—1st, partly to the fact that that nervous centre was wounded below the origins of the phrenic nerve, excepting perhaps the small branch given off by the fifth cervical nerve; 2ndly, partly also to the fact that some part of the right side of the spinal cord remained uninjured.

9th. It may surprise many persons that the power of voluntary movement in this case returned to a greater extent than the power of feeling. When a nerve is divided, it is well known that sensibility returns much quicker than voluntary movements. I will only say now on this subject that cases of injury to the spinal cord prove, like that of F——, that the reverse takes place for this organ—i. e., that wounds of the spinal cord allow of a much less rapid return of sensibility than of voluntary movements.

(To be continued.)

ON THE

ANTISEPTIC LIGATURE OF ARTERIES.

BY C. F. MAUNDER, F.R.C.S.,

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THE ligature of the larger arteries is an operation of great interest to the surgeon, and of vital consequence to a patient. The operation is often of necessity undertaken under circumstances of unusual risk, and it is especially here that all aids to a successful issue should be imported into the treatment.

I hasten, therefore, to record the fact that less than five weeks ago I ligatured the left common carotid artery, on the antiseptic principle, in a man, twenty-six years of age, and the subject of three surgical aneurisms. The vessel was secured on the plan recommended by Professor Lister, the ligature having been soaked in carbolic acid, cut short, and the wound closed, &c. Scarcely any action was set up about the wound, and in less than a month from the deligation (as I am informed by the patient's medical attendant, who watched the case very closely) the wound had healed, the silk thread did not come away, and he was gone to the seaside. On a former occasion, having ligatured the subclavian and common carotid arteries in the usual way, I mopped out the incisions with carbolic oil, and covered them in with carbolic dressings. Up to the sixth day, when the subject of this double ligature died, almost no action had been set up in the wounds. I quite believe the antiseptic ligature of arteries will greatly diminish the risk of secondary hæmorrhage.

October 26th, 1868.

THE Birmingham guardians have decided to provide additional accommodation for 125 male epileptics in the workhouse.

HOW AN OUTBREAK OF TYPHOID WAS PRODUCED.

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ASSISTANT-PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, ETC.

BETWEEN the 1st and 13th of October this year seven persons out of a certain household of forty were attacked with typhoid, which has happily been in no case fatal. At first investigation seemed likely to throw no light on the cause of the outbreak. There had been, it was said, no bad smell, and the water-supply was above suspicion. Various persons inspected the house, a large old-fashioned one, and found nothing. However it was clear that there must be "something wrong with the drains," although it was not so clear that we should find out what it was. Further search was insisted upon, workmen were employed, and, little by little, there was found what I am going to describe.

On the second floor, next to the bedroom occupied by the first patient attacked, there is a watercloset, the seat of which is close to a good-sized window. There was no smell perceptible from the closet, the apparatus of which *appeared* to act perfectly. When you open the closet window you look out upon the ordinary leaden rain-gutter, bounded by a parapet. Close to you is a hole, the opening of a short pipe of communication between this gutter and the rain-conduit outside, and this is all that, under ordinary circumstances, the eye falls upon. But it happened that a long-necked workman, craning over the parapet whilst the closet valve was being lifted, saw a rush of water fall into the rain-pipe head, which he could, in this way, just contrive to see. It was discovered, in a word, that the closet drained, not into a proper soil-pipe, but into the rain-pipe. The closet being taken up and examined, a four-foot lead pipe, with a fall of only three inches in this length, was found to be the channel by which the soil was *intended* to pass into the rain-conduit. This pipe was nearly full of soil, the gradual accumulation perhaps of years. The rain-pipe dipped below into a small cesspool full of soil. From the cesspool passed an old brick drain, with no attempt at a fall, which contained two or three inches depth of soil.

I have thought it well to tell this story, not because in all probability such an ingenious arrangement for producing disease is at all rare, but on account of the circumstances which rendered its discovery difficult, and, as happened, almost accidental. The connexion between the closet and the rain-conduit could not be seen at all from below; whilst, from above, it was only to be observed by an almost dangerous stretching of the body over the parapet. Whenever the closet window stood open, and this was almost constantly the case, the emanations from the whole track of soil-conduit—from the closet above to the brick drain below—had the opportunity of passing up into the lead gutter, a few inches under the open window. That the emanations availed themselves of this favourable opportunity, and thus found their way into the house, the occurrence of the seven cases of typhoid leaves in no doubt.

Green-street, Grosvenor-square, Nov. 1868.

ON THE POSSIBILITY OF STAMPING-OUT SMALL-POX.*

ILLUSTRATED BY THREE MODES OF PROCEDURE.

By ROBERT PRINGLE, M.D.,

SURGEON TO H.M.'S BENGAL ARMY, AND SUPERINTENDENT OF VACCINATION, N.W. PROVINCES OF INDIA.

BEFORE entering on the subject of this short paper, I would briefly allude to the circumstances under which the idea of it originated. Soon after my return from India, while calling on my former professor, and the President last year of the Health Section of the National Association for the Promotion of Social Science, Sir James Y. Simpson, Bart., my attention was drawn to his pamphlet, entitled, "Proposal to Stamp-out Small-pox and other Contagious Diseases," and published in 1868. On carefully perusing it I was much struck with the absolute practicability of many of the measures therein recommended, and of the rules laid down, as witnessed in the instances which I shall presently describe, and which had occurred in my practice in India in 1863, and the subsequent years. As stated in the title of this paper, I have, for facility of illustration, and to exemplify the methods I would suggest more clearly, divided the subject into three heads, or more properly speaking, modes of procedure—viz.,

1st. By isolation, with destruction if practicable, and purification invariably, of all materials or subjects likely to convey contagion or impart infection.

2nd. By careful and systematic vaccination at the period of the outbreak of small-pox.

3rd. By similar vaccination at any period prior to the outbreak.

1st. *By isolation, with destruction when practicable, and purification invariably, of all materials and subjects likely to convey contagion or impart infection.*—The instance illustrative of this method of procedure occurred under the following circumstances:—

While stationed at Morar in Gwalior, Central India, with the troop of Royal Horse Artillery of which I was in medical charge, in the beginning of the year 1863, some cases of small-pox appeared among the camp-followers of an officer, who had lately joined, and had just concluded his march from Saugor. On the cases being brought to my notice, I at once went to the principal medical officer of the division, and, after describing to him the method which I proposed to adopt, in the event of his approval, to prevent the disease spreading amongst the large European and native force stationed at Morar, and obtaining his sanction, I received, by order of the General commanding, a tent which had been previously condemned as unserviceable, and which I had pitched half a mile to the leeward of the last building in cantonments. Into this tent I removed all the cases of small-pox, seven in number. The only occupants of this tent, besides the patients, were the mother of one of the children and a native to wait on and cook food for the sick. This native was specially selected for this purpose owing to his having had, judging from the marks which remained, a very severe attack of small-pox some years before. I would not allow any of the inmates to leave the tent, and prohibited all communication with it; myself and the native doctor alone visiting the tent, treating the cases, and seeing that they had all their wants supplied. While discussing my project with the principal medical officer I told him I would take all the responsibility and risk on myself, and would adopt all practicable measures to prevent myself being the means of conveying contagion or imparting infection to the patients in my hospital or to the community at large.

After this tent had been pitched, and the first cases isolated, two more occurred, one three and the other four weeks after the first appearance of the disease. These were at once sent to the small-pox tent and treated with the rest. These two cases occurred in the very centre of the cantonments; and I would beg to draw particular attention to the following. On the first appearance of the disease in the papular, and hence non-infectious, stage in these cases, they were at once isolated. What the consequences might have been had the vesicular stage been reached or nearly completed, I am not prepared to say, but will allude to again hereafter, when comparing this outbreak with one that occurred in the next year—namely, 1864.

I had the satisfaction of seeing every case admitted into this tent discharged recovered. Before they left, however, their clothes were taken from them and burnt, and after they had bathed they were supplied with new clothes. The tent was kept pitched for some time, to see if any more cases appeared, and none occurring, it also was burnt as it stood. Fortunately for me, I had selected an unserviceable tent, which, though condemned as such for Europeans, answered the purpose very well for which I wanted it, as months afterwards a charge was made against me for a tent burnt by my orders; though I must add that, on mentioning that it was considered unserviceable, and the *service* it had rendered, I was exempted from the cost of it. Thus the last sources of the disease were removed, and the epidemic ceased. Here I think it will be allowed the disease was *stamped out*.

Let me, however, allude briefly to what was witnessed next year. During my absence on leave, small-pox appeared in the Morar cantonment in a similar manner to that just described; and on my return from leave there were cases of small-pox scattered over the station, and not one regiment could be said

* A paper read before the Health Section of the National Association for the Promotion of Social Science, at its Congress in Birmingham in 1868.

to have escaped. The Regimental Records of 1864 thus show a very different result as compared with those of 1863, in which year not a single case occurred in any European regiment; and of those isolated eight were among the camp followers, and one a trooper of a native cavalry regiment. Let me remark here, from personal experience and observation, that it is impossible in the plains of India to vaccinate successfully (owing to the heat of the weather and the deterioration of the vaccine vesicle) a European or native subject, for nearly seven out of the twelve months of the year; and as it is during these seven months that small-pox prevails as an epidemic, I leave it to those best capable of judging them as to the benefits conferred on the unavoidably unvaccinated European and native children, by confining the contagion of small-pox within the smallest possible limits, as was seen in 1863, or spreading it broadcast, as in 1864. The cause of the difference in the Regimental Records before alluded to was to be found in the absence of all measures of isolation, properly so called, in 1864, and in ordering out of cantonments all cases of small-pox which occurred in the regimental bazaars, in the persons of non-combatants, not being camp-followers. These Regimental Records of 1864 may and will show the results of this outbreak of small-pox in the regiments themselves; but who shall attempt to record the injury done to the surrounding population by the cases of small-pox ejected out of the cantonments and thrown broadcast in the district, at the hottest season of the year, when the disease assumes its most fatal type.

2nd. *By careful and systematic vaccination at the period of the outbreak of small-pox.*—The two instances illustrative of this method occurred in 1866, at a season of the year, and at an altitude above the sea, at which vaccination in India can alone be successfully carried out during the hot season. The circumstances of the first were the following:—While engaged in superintending vaccination in the Himalayas I received a report that small-pox had appeared in a village at some distance, and the informant told me that unless I sent assistance promptly in the shape of vaccination, the native inoculators would commence operations. I at once despatched a vaccinator, and directed him to isolate the case; but as some time had been allowed to elapse before I was informed of it, it would perhaps be inexpedient to remove the other occupants of the house. My orders were most carefully executed; and on my visiting the village I found that all the cases requiring vaccination—upwards of 120—had been successfully operated on, and the disease died out for want of cases amenable to its influence. My conjecture, however, regarding the inmates of the house in which the case lay proved to be correct, as I found two others of the family suffering from small-pox, contracted before my vaccinator had arrived. Here also I think it will be allowed that the disease was *stamped out*.

The other instance, as said before, occurred in the same year, but under slightly different circumstances. On hearing that small-pox had appeared in a district of the Himalayas where vaccination could be carried out successfully at that season of the year, and that the native inoculators had commenced operations, I despatched vaccinators, and directed them to vaccinate all the cases requiring it in the immediate neighbourhood; with the double object of placing vaccination and inoculation on their trial for the benefit of the natives (among whom I was anxious to introduce the former, to the supercession of the latter), and of preventing the disease spreading. I visited the district myself, and found that my vaccinators had been most successful, not a single case of small-pox occurring where they had been at work; while from small-pox from inoculation alone six deaths had been witnessed out of sixty operated on by the inoculators. I am happy to be able to add that the natives of the district decided in favour of vaccination, in preference to the time-honoured and priestly practice of inoculation. Here was a community protected from an amount of contagion and infection—as each inoculated case could impart both, similarly to one of ordinary small-pox—which it is difficult to overestimate, and the disease more than stamped out—namely, *debarred an entrance* among them.

3rd. *By similar—i. e., careful and systematic—vaccination at any period prior to the outbreak of small-pox.*—The particular instance which I will select to illustrate this method is comprised in the results of personal observation and experience during the years 1865, 1866, and 1867, and was witnessed in the Hill Sanitarium of Mussoorie, in the Himalayas. In each of the three years under notice, small-pox had, in a few cases, with the disease contracted in the plains, made its entrance into Mussoorie. In two out of the three years it was limited to the cases themselves, and in the third it did certainly extend, through carelessness and apathy on the part of the natives, to a few men, but then died out. From personal observation, as I superintended the measures of isolation employed, I feel that this *stamping-out* was not due, except to a very limited extent, to isolation, but (excluding the native portion of the population whose immunity was traceable to inoculation in infancy) to the vaccination had recourse to in infancy amongst the European residents; and though I must add that my experience of vaccination in India, in those who have been vaccinated in infancy in Europe, is far short of what I would term careful and systematic vaccination, yet it is consoling, and I may add encouraging, to know that, imperfect as this vaccination is, and by late authors on the subject allowed to be, it is, nevertheless, when attended with not very stringent rules of isolation, capable in itself, under certain circumstances, of giving the death-warrant to an outbreak of small-pox. To elucidate the subject to those unacquainted with it as seen in India, I may, perhaps, mention that the population of hill sanitaria in the Himalayas generally, differ as regards their susceptibility to the infection from small-pox from that of the plains for the following reasons, and which are in support of the theory of the possibility of *stamping-out* small-pox:—The native population of these sanitaria is almost entirely composed of the hill tribes, who have been inoculated in infancy, and the few plains-men among them are adults, who have either suffered from small-pox during their stay in the plains, or seem to be proof against it in the most concentrated form of its contagion as met with in the towns and villages of the plains; while the European portion of the population has, as a rule, been protected by vaccination in infancy, or again protected by revaccination, if successful vaccination, after imperfect (and hence, in my opinion, useless) vaccination in infancy can be termed revaccination in adult age. In the plains of India, however, the susceptibility of the native portion of the population, from the absence of any prophylactic measures whatever, reaches a height which must be witnessed to be believed; and if I can state, from personal observation, that nearly 95 per cent. of the native population of the plains of India will, if the search is sufficiently carefully conducted, show traces of the disease, I will leave it to be inferred what the mortality must be from such a prevalence. Nothing but the *most extensive vaccination* and most stringent isolation can ever make head against small-pox in the plains of India; and, with its vast population, and the present scheme of voluntary vaccination in its infancy, I fear the day is far distant when a disease which counts its victims by thousands annually can be curbed and finally *stamped out*. It is in these plains, and amongst the population that I have described, that the most numerous cases of small-pox are met with amongst the popularly considered vaccinated Europeans. The force of this wide-spread and ever-recurring contagion is irresistible; and vaccination has many a taunt unjustly showered on it by this contagion searching out the cases carelessly, and hence unprofitably, vaccinated in infancy. The picture of the Himalayas, however, is a brighter one, as compared with the plains of India; and, with the experience acquired in the instances I have described, with the efficient staff of native vaccinators which I now possess, with inoculation prohibited, and the sympathies of the natives enlisted voluntarily on the side of vaccination; coupled with all this, a population more manageable, so to speak, as regards numbers and the means of communication, and hence the facility of spreading contagion more limited; with all this, I trust my district of the Himalayas—viz., that lying between the Ganges and Jumnah, from their sources to where they enter the plains, and to which I return in January—will, before many years are passed, be freed from small-pox by the disease being debarred an entrance, and the natives able to look back on its ravages—an instance of which I will describe—as the visions of a horrid dream. With this instance I will conclude. While visiting a village in my Himalayan district, with the villagers assembled to watch the operation of vaccination, or "Belattie chapah"—foreign marking, as they term it—I noticed a complete gap in the population—viz., an almost entire absence of children between the ages of eight and twelve, though there appeared no want of younger and older subjects for vaccination. On asking the reason, I was told that the few children before me between these ages were all that had escaped from an outbreak of small-pox which occurred some years previous.

If proofs were wanting that it is possible to *stamp out* small-pox, I trust the instances which I have described will supply them; and I would merely add, in conclusion, that though these proofs may have been attained in certain portions only of the vast continent of India, and that by a system of voluntary vaccination, yet, if such is the case, Great Britain, with

its Vaccination Act, its more limited population and extent of country, the means at the disposal of the authorities for carrying on vaccination, and lastly, the vast advantages it possesses in civilisation and education, is without excuse for the prominence which small-pox acquires in the returns of the Registrar-General.

A CASE OF EMBOLISM OF THE BRACHIAL ARTERY.

By J. F. WILKIN, M.R.C.S.

THE detachment of fibrinous deposits from the interior of the heart is now so thoroughly recognised as one of "the ills to which human flesh is heir" that it seems almost to require an apology from me in soliciting space for the following case. But although it contains nothing that has not already been brought before the notice of the profession in such a manner as to leave little for feeble efforts like mine, still I believe cases like the following are sufficiently rare to prove interesting, if only as an illustration of what we find stated by the late Dr. Kirkes in his admirable essay on Embolism,* and also in the works of Walshe and others.

Lady H. M——, aged fifty-two, of delicate fibre, and the mother of twelve children, with a family history of gout on both sides. Until now she has not had any serious illness; but has had slight fainting fits occasionally for some years past. Had a sharp attack of measles (*primary*), then prevalent in her parish, on the 18th of March, 1867, coupled with an unusual amount of bronchitis and catarrhal symptoms. On auscultation, a loud systolic murmur was heard all over the cardiac region. She did well, however; and was quite convalescent on the 25th, when, without permission, she unfortunately had a warm bath (to which she attributes her malady), instead of the cold one she was in the habit of having daily when well. She remained in the bath about three minutes; and after completing a hasty toilet, and walking into an adjoining room, she suddenly experienced the most acute pain in her left arm, extending from above the elbow to the wrist, came over faint and giddy, vomited several times, and "felt very bilious and unable to talk." I ordered stimulants and perfect rest, and saw her again in the evening, when I found the left arm pulseless, and much cooler than the right—in fact, it was an unmistakable case of embolism of the brachial artery at its bifurcation. She was placed in bed (as quietly as possible), and the arm encased in cotton-wool. She complained much of vertigo; but slept soundly during the night. On the following morning the limb, although well wrapped up and in the horizontal position under the bedclothes, was quite blanched, almost cold, and somewhat shrunk. Dr. Walshe, of London, was then telegraphed for, and, on seeing the case with me, corroborated the diagnosis previously given. Perfect rest was enjoined, and an anodyne liniment was prescribed to relieve the very severe pain felt in the hand and arm. Ammonia and potash were given internally, with the view of their acting as solvents on any lesser portions of coagulated fibrin possibly then floating in the circulating fluid. Fortunately, the vitality of the limb was preserved through the anastomosing branches; and the progress, though slow, was on the whole satisfactory until the 13th of April, when gout showed itself in the same hand, and resisted for a time every effort to dislodge it. However, on the 7th of May she was much improved, and could use the hand a little. The arm was still pulseless, but of its natural size and temperature; and the patient felt well enough to start for a sojourn on the continent, where she remained six months, during which time she *lost all the nails on the affected hand*. On her return, much of the former strength and usefulness of the limb had been regained, almost the only difference being that the left hand and arm required more clothing than the sound limb. The pulse had now returned in the wrist, but, as might be expected, it was not so full as in the right arm.

I am not aware that the intense pain complained of in this case is usual; it probably owed its origin to the situation of the clot, placed as it was in such close proximity to the principal nerves of the limb, and tightly compressed under the tendinous expansion of the biceps muscle. That there was a good deal of distension and perhaps partial laceration of the coats of the artery seems proved by the fact that there existed for some time discoloration of the integument immediately over the point of obstruction, but no tumour or other indication of aneurism presented itself. The vomiting is, I believe, a usual occurrence in these cases, but the mode of its origin is difficult to explain. The vertigo and head symptoms were probably the result of a suddenly increased current of blood sent to the brain, though at the time it was feared that a clot had probably found its way into some of the cerebral vessels; but as there were no permanent head symptoms, such could not have been the case. It is an interesting point in connexion with this case, as to whether the prostrating effects of the warm bath tended in any way either to produce coagulation, or to induce separation of a clot long since formed and connected to one of the cardiac valves. Or was the latter merely a coincidence? I am inclined to think it was; as had it been an *immediate* clot it would scarcely have formed so complete a barrier as to resist the full current of blood almost instantaneously, as it did. The happy termination of this case, which at one time presented a most serious aspect, fully illustrates the wonderful capabilities of the *vis medicatrix naturæ*, even at the age of fifty-two, and in a delicate subject with long-standing cardiac disease.

Staplehurst, Oct. 1868.

* Medico-Chirurgical Transactions, vol. xxxv.

A CASE OF MATERNAL IMPRESSION.

By E. CHILD, M.R.C.S.

ON the 26th of August last I was summoned at eleven P.M. to attend Mrs. A—— in her first labour. On arriving at the house I found the pains very lingering and slight; the os was dilated to the size of a sixpenny-piece. I could not detect the presentation. Finding I should not yet be wanted, I returned home, telling the nurse to send for me when the pains came on stronger. At six A.M. the following morning I was called up. The labour was progressing, and the breech presenting. It continued to do so until four P.M., when as soon as the breech passed the os externum, the whole body of the child was expelled with some degree of force. It was dead, and from the peeling of the skin I conclude it had been so for some time. When I touched the cord it came away in my hand, leaving the placenta in utero, which I extracted after a little manipulation. It was a fine, full-grown male child, formed naturally as to its body, with the exception of the nails on the thumbs, which were like those of a rabbit. On examining the head I was surprised to find the parietal, frontal, and part of the occipital bones wanting; and at the space corresponding to, but larger than, the anterior fontanelle, was the brain, entirely denuded of skin or membrane, not even being covered with arachnoid. There was a little hair over the eyes, none elsewhere. The eyes, palate, and tongue were similar to those of a rabbit. At first I was inclined to think that in the absence of these bones the action of the uterus had squeezed the eyes into the shape I had found them, but on making inquiries as to any fright, and having heard the following story, I was induced to consider it a case of maternal impression.

During the second month after conception the mother went to a penny show, in which she saw a trained horse pull the trigger of a pistol, pretending to shoot a rabbit. A dummy was then thrown out; the back of its head was bleeding, having to all appearances been shot off. This corresponded, as the mother-in-law declares, to the mark on the child's head. My patient seems never to have forgotten the circumstance during the remainder of her pregnancy, and was considerably frightened at the time. I was lucky in having to contend with a breech presentation; if it had been a natural one I should either have been puzzled to ascertain what it was, or, perhaps, have inadvertently pushed my fingers through the brain itself. The mother did well, and is now quite recovered.

New Malden, Sept. 1868.

LUNACY LEGISLATION.—An influential deputation of the Medico-Psychological Association had an interview with the Lord Advocate in Edinburgh last week, the object being to urge the Government to institute a thoroughly scientific inquiry into the best means of preventing the increase of lunacy and of incorrigible imbeciles. Promise was given that the matter should receive attention.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

PNEUMONIA; BLEEDING; RAPID RECOVERY.

(Under the care of Dr. WILKS.)

WE quote the following case because of the remarks upon bloodletting which were made by Dr. Wilks, and which will doubtless be read with interest at the present time, when discussion upon the utility or disadvantage of the practice is again being revived.

Louisa B——, aged eighteen, a servant-girl, small but robust, was admitted Sept. 23rd. Two days before, she became rather suddenly ill, and after a few hours was worse, with a pain in the right side. On admission she evidently had pneumonia; the skin was very hot, the face flushed, and there was a catch in the side on breathing. On examination, there was dulness at the lower part, with bronchophony and a slight pleuritic rub; rusty expectoration. Dr. Wilks remarked that the case was not very severe, and he was unable to tell whether the inflammation would advance or would stay at its present site; he therefore merely ordered some saline and Dover's powder. On the following day she was worse, and towards evening was excessively ill; the fever was very high, and there was great oppression of breathing; crepitation was heard all over the remainder of the right lung, and there was some suspicion of the left lung having been also attacked. Mr. Reginald Stocker having informed Dr. Wilks of her condition, the latter ordered her to be bled, and to have calomel, antimony, and opium pill every four hours. This was accordingly done, and with very marked and quick relief to her oppressed breathing. On the following day she was much more comfortable; bronchophony now heard at top of lung; the left quite free. On Sept. 26th the febrile symptoms were subsiding; physical signs of consolidation of lung pretty perfect. On the 28th, much better; fever departing; sputa bronchial: to omit the pills. In a day or two she left her bed, rapidly convalesced, and quitted the hospital quite well on Oct. 14th.

Dr. Wilks remarked that his opportunities were small for treating pneumonia at the onset of the attack, and therefore he was generally obliged to do little more than watch a case in its progress; he had not, however, given up the idea of being able to arrest it by remedies. He stated that he had seen a great deal of pneumonia in private practice during the last summer—in fact, more cases than during the whole of the two preceding years; and what had struck him as most remarkable was the circumstance that nearly all were alike. Thus in all but two the right lung was the organ affected, the inflammation commencing below and progressing upwards; and in nearly all there was a total absence of expectoration. In nearly every case stimulants were given. All but three recovered. One very bad case, that of a lady aged sixty, did well without the use of stimulants. Dr. Wilks could not draw any important inference from the treatment adopted. He believed the majority of cases would have done well on any method; that one or two were benefited by stimulants, and that more than one case was aggravated by their use. If it be true, and no doubt it is, that the tendency is towards recovery if no medicine be given, the question should be, not whether a case does well with bleeding or with brandy, but whether the abstraction of a pint of blood, or the administration of a few ounces of alcohol daily, is sufficient to kill the patient.

As regards bloodletting, Dr. Wilks said he had no data on which he could found an opinion as to its value in pneumonia or other diseases, as an antiphlogistic—that is, as to its power in arresting the inflammatory processes; but he had no doubt as to its good effects in relieving congestion of the lungs under any circumstances. He believed therefore, firmly, that he had seen venesection save life in pneumonia, bronchitis, heart disease, apoplexy, or epilepsy. In pre-auscultatory times it might be that the doctor was apt to style many chest affections pneumonia; but when he was called to a patient sitting up in a chair, livid in the face, panting for breath, and he took out his lancet, and whilst he was bleeding *pleno rivo* he saw tranquillity restored, he could not be mistaken as to the good effects of his remedy. Thus it was in the case above reported: immediate relief was obtained, and, it may be, as Mr. Stocker thought, an arrest to the further progress of the inflammation.

As regards the other old-fashioned remedies for pneumonia, Dr. Wilks stated that he had no doubt opium could arrest inflammation, as the fact could be observed on the outward parts of the body; and he thought there was good reason for believing that antimony had the same tendency. As regards calomel, he considered it a valuable remedy in many morbid conditions, but was not aware of any facts to prove that it had any power of arresting inflammation. Blisters he had long ago given up using in pneumonia. He was not at all inclined to despair of other remedies of the opium class, which might arrest inflammatory action; and as aconite had long had the character of possessing this property, he had been using it whenever an early stage of acute disease came under his notice. Thus he had had a case of pneumonia, and two or three of rheumatic fever, where the symptoms rapidly abated during its use. Why he believed the remedy was efficacious was, that a most remarkable lowering of the pulse took place after the administration of a few doses.

ST. THOMAS'S HOSPITAL.

GUNSHOT WOUND, PERFORATING HARD PALATE, COMMINUTING FACIAL BONES, DIVIDING RIGHT OPTIC NEEVE, AND PROBABLY DAMAGING CEREBRUM.

(Under the care of Mr. SYDNEY JONES.)

IT would be perhaps difficult to conceive a proceeding more likely to destroy life than that which was adopted by the patient whose case is here related. He lives, however, at the present time, notwithstanding the great severity of his injuries. And his case in this respect is not unique. Mr. Christopher Heath, in his work on Injuries and Diseases of the Jaws, quotes from Otto Weber an instance, which is very remarkable, where a man, after firing a pistol into his mouth (in a churchyard), and falling senseless to the ground, presently came to himself, *looked for his spectacles*, which had fallen off his face, and made the gravedigger take him to the surgeon. The ball had perforated the hard palate, and was sticking, completely flattened, in the body of the sphenoid bone, whence it fell into the patient's mouth and was spat out. The hole subsequently closed, and the man got well. In the following case the lower maxilla does not seem to have been damaged. Mr. Heath remarks in his book that fracture of the lower jaw has been frequently noticed under these circumstances, and has depended probably upon the concussion of the explosion and the rapid development of gas within the mouth. For a report of Mr. Sydney Jones's interesting case we are indebted to Mr. Cox.

G. W. W——, aged forty-eight, was admitted into St. Thomas's Hospital at 9.30 A.M., on March 3rd, 1868. He had, in attempting suicide, fired a pistol, loaded with three slugs, into his mouth, the muzzle being directed towards the hard palate. The angles of the mouth were lacerated. All the right facial bones, inferior maxilla excepted, were much comminuted; the mucous membrane of the mouth was extensively charred; and a finger passed into the mouth readily reached the roof of the right orbit and the cribriform plate of the ethmoid, and might be made to sweep the interior of the left superior maxilla. The right optic nerve was felt completely divided about half an inch behind its junction with the eyeball; and in the right orbital roof a roundish perforation about half an inch in diameter was detected, the bone being driven two lines upwards into the cranial cavity. The sight of the right eye was lost; its pupil fixedly dilated. There was loss of power of the right side, especially of the upper extremity.

All loose fragments of bone and pieces of charred mucous membrane were removed; and the lacerated angles of the mouth were kept together by wire sutures. He understood questions, and responded to them as well as his articulation

allowed. He was much collapsed on admission; the surface was cold; pulse small, feeble, and irregular. There was much hæmorrhage, which was restrained after a while by the use of ice. Of the three slugs reported to have been in the pistol not one was found. Head to be shaved, and ice-bag applied. Soup diet. Clyster.

March 4th.—Has been restless during the night, but slept at intervals. Seems to have regained power of the right side. Pulse 100; temperature 100·4°. The sloughy surface in the interior of the mouth to be mopped frequently with solution of chlorinate of soda.

From the 5th March to the 5th April there were no symptoms worthy of note. He has slowly improved; pulse varying from 72 to 86, and temperature from 99·2° to 101°.

April 5th.—Has erysipelas of the face. Ordered six grains of ammonio-citrate of iron every four hours.

17th.—Quite well from the erysipelas. Is becoming deaf on the right side; had been deaf on the left side previous to the receipt of his injury.

June 3rd.—Right pupil persistently dilated. Has commencing ulceration of lower and outer part of cornea; there is also haziness of the aqueous humour.

July 1st.—Ulcer of cornea healing. Mr. Elliot, surgeon-dentist to the hospital, has adapted an accurately fitting artificial palate.

Aug. 1st.—Ulceration of cornea quite healed. Optic disc white, small, and oval transversely; vessels of optic disc atrophied; external strabismus. Has giddiness and sudden sensation as of falling to one side. Has felt during the last month much numbness of the left thigh. Complains also of severe pain at two points of the skull, behind the right malar bone, and in the situation of the right parietal eminence; in the latter situation much more severe. In neither situation is any tenderness or puffiness of bone to be discovered. Numbness below orbit. Used to have numbness of forehead, but has none now. Has a peculiar creeping sensation about the cheek from ear to angle of mouth, with dragging of the latter. Has lost all sense of smell, and is still deaf.

Sept. 1st.—Has had very severe pain in the head, sometimes sharp, sometimes as of heavy pressure; considerably relieved by the use of a seton in the nape of the neck.

The patient was seen a few days ago by Mr. Sydney Jones, whose report is as follows: "His deafness is on the whole better, but varies. Has lately complained of much severe pain in the right side of head. There seems, however, no constitutional irritation."

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

CASE OF CANCRUM ORIS; RECOVERY.

(Under the care of Dr. GRAINGER STEWART.)

FOR the notes of the following case we are indebted to Dr. R. S. Turner, resident physician:—

Emma H——, aged three years and a half, admitted on the 26th of June, 1867. The patient had had measles with diarrhœa about three weeks before admission; and afterwards the mouth became sore. When she came into the hospital the edges of the mouth were cracked, and above the chin, towards the left side, an indurated surface, about the size of a half-crown, was felt. Inside the lip there was a sloughing ulcer, about the size of a shilling, extending from the centre of the induration to the gum; and behind the teeth, also, there was an ulcerated spot, about the size of a fourpenny-piece. She was ordered wine, iron, and chlorate of potash; and to have the mouth frequently washed with Condy's fluid. As on the following day the ulcer was found to be extending, the child was put under the influence of chloroform, and the edges of the ulcer were touched with nitric acid; after which the slough appeared on the external surface of the lip, but without extending in circumference. The slough soon separated, and left an opening through the lip about an inch and a half in length and half an inch in breadth, the edges of which were quite healthy; and at the same time the lower left lateral incisor, which was loose, was removed. No dead bone came away; but, on introducing a probe, the alveolar margin of the jaw was felt to be rough. After this the patient rapidly improved, she began to gain flesh, and the opening gradually closed. By the end of July the sequestrum had become loose, and was removed, along with the left canine and central incisor teeth, and also two of the permanent teeth, which were felt to be loose after the removal of the bone. Since that time the patient has visited the hospital occasionally. Her general health is now excellent, and the remaining deformity slight.

In speaking of this case, Dr. Grainger Stewart remarked that it was a characteristic example of the disease. He referred to the importance of iron and chlorate of potash in the treatment, and of sustaining the strength, as well as of the complete destruction of the unhealthy edges of the ulcer.

Clinical Records OF THE PARIS HOSPITALS.

HÔPITAL DES ENFANTS MALADES.

CASE OF TUBERCULAR MENINGITIS, ILLUSTRATING THE ORDINARY COURSE OF THE DISEASE.—CASE OF TYPHOID FEVER SIMULATING TUBERCULAR MENINGITIS.

(Under the care of Dr. H. ROGER.)

DR. WEST, in his admirable "Lectures on the Diseases of Childhood," remarks that it is sometimes a matter of great difficulty to distinguish between acute hydrocephalus and remittent fever. Guersant, the celebrated "children's doctor," used frequently to express the same opinion in his wards at the Hôpital des Enfants Malades of Paris. And, indeed, cases of acute hydrocephalus, particularly at the outset of the malady, may well be mistaken for typhoid fever; whilst the reverse is of still more frequent occurrence, and serves to explain why the number of so-called cures of tubercular meningitis which are on record is far greater than is justified by our experience of this formidable disease. The second of the two following cases, which occurred simultaneously in M. Roger's wards, is a good illustration of the difficulties that may be experienced in diagnosticating between the two affections. It is not uninteresting to place the details of the first case, which was unmistakably one of acute hydrocephalus, beside the second. It may be taken as an excellent instance of the ordinary course and habitual lesions of the malady, and may thus serve as a term of comparison. In Case 1 an error of diagnosis could scarcely have been possible; while in Case 2 the tender age of the child, the constipated condition of the bowels, the intense cephalalgia, the persistence of vomiting, the nature of the child's cry, and the general appearance of the patient, at once suggested the idea of tubercular meningitis. Once under this impression, it was natural to underrate the absence of the more striking points of the latter affection, and to overrate those which were present; so that there was some surprise, on examining the body after death, at discovering that the lesions were those of typhoid fever, and not of the other malady.

CASE 1. *Tubercular meningitis.*—Hippolyte M——, aged two years, entered the Salle St. Louis on May 4th. He had then been ill for fifteen days, and had had constant and almost irrepressible vomiting during the preceding eight days. There had also been much constipation of the bowels. At the time of admission the child was in a state of great prostration and had much fever; pulse 140.

May 6th.—The abdomen was neither shrunken nor distended. Large mucous râles were heard in both lungs. Ordered—calomel, ten centigrammes; scammony, forty centigrammes.

8th.—Pulse 152; respiration 64. Since the day before the child has had convulsions. The limbs are stiff; the movements are performed with greater difficulty on the right side of the body; sensibility is more obtuse. The child does not cry when the skin is pinched on either side of the body, but reflex movements are observed. The pupils are dilated, but of equal size; strabismus is present. The meningitic macula is deeply marked. There are now scarcely any râles in the chest.

9th.—Convulsions had continued unceasingly until this morning. When seen during the morning visit, the upper extremities were in a relaxed state, and the lower ones stiff and contracted; strabismus existed, as also trismus; the pupils were much contracted; there was complete anæsthesia; the sight and hearing were quite abolished; the body was in a state of perfect immobility, and showed a contrast with the movements of the base of the thorax (painful abdominal respiration) and

with the beatings of the alæ nasi; the pulse was very small, could scarcely be felt, and numbered 200.

10th.—Died at 10 A.M.

Autopsy.—Cerebrum: The convolutions were flattened, and of an opaline and pallid appearance; the ventricles distended by a large quantity of fluid (about 100 grammes), and their walls extremely softened. Along the fissure of Sylvius were discovered grey granules. In the inter-pedunculary space and upon the chiasma was a deposit of yellow gelatinous lymph. The inferior surface of the cerebellum showed a pale and milky aspect. Fine granulations, without any peripheric vascularity, were seen to exist in the wall of the posterior sub-arachnoid space.—Lungs: Fine semi-transparent granulations were observed under the pleura. There was apoplectic congestion of the posterior border of the two lungs. The bronchial glands were tubercular.

CASE 2. *Typhoid fever.*—Alexandrine P——, aged twenty-three months, admitted into the wards on May 5th. On the 1st May the child had been taken with fever, sickness, and anorexia. She carried her hand to her head when her mother asked her where she felt pain. The bowels were constipated. On the 2nd she had convulsions, and on several occasions uttered loud cries. A remedy was ordered for the constipated condition, and a white powder (probably calomel) was administered. The purgative was followed by diarrhœa with stools of a green colour. Until the day she was received into the hospital the convulsions and shrill screams of the child recurred on several occasions.

On the 6th May, when seen for the first time by M. Roger, the following condition was observed:—Countenance anxious; stupor more apparent than real; the child follows a watch with its eyes, but does not seem to hear when spoken to. The pupils are dilated, but of equal size. The abdomen is distended. The lower limbs seem somewhat rigid. The pulse is small, 140. Thirst is intense. The meningitic macula is easily raised, marks well, and lasts for a long time.

The question of tubercular meningitis was then agitated, on account, mostly, of the initial symptoms and of the age of the child: the râles heard in the lungs were referred to pulmonary congestion accompanying the presence of tubercles, and accounting for the intense thirst seldom observed in tubercular meningitis. Ordered a blister to be applied to the shaven head, and mustard poultices to the legs; a julep, with one gramme of bromide of potassium.

May 7th.—The child has vomited her potion, but not her other drinks. Diarrhœa continues. She has not had convulsions, but frequently uttered loud cries. Pulse 160, regular. The belly not shrunken. The meningitic macula still easily produced. Sensibility preserved. On slightly pinching the skin, trembling of the limbs takes place. The limbs are not in a relaxed state. The pupils are natural; there is no strabismus; the sight is preserved. On auscultation, subcrepitant râles are heard on both sides of the chest. The breathing is difficult, and attended by beatings of the alæ nasi. Deglutition takes place painfully.

8th.—The eye is dim; but there is no strabismus. The child is in a drowsy condition. Sensibility is much impaired. Convulsions have not recurred. Fine subcrepitant râles are heard in both lungs, but especially in the lower portion of the left lung. Ordered tincture of iodine to be painted over the chest. A julep, with four grammes of the alcoholate of aconite. Death occurred on the same day, being the eighth after the first appearance of the disease.

Autopsy.—Encephalon: There was some congestion of the pia mater; but in no situation was there to be observed the slightest trace of granulations or lymph, nor the opaline aspect of the investing membrane. The grey substance of the brain was of a pinkish hue. The white substance was not spotted with blood. The ventricles were not distended; their parietes, as well as the whole cerebral mass, were of a normal consistence. There existed no tubercle in the cerebrum or cerebellum. The spinal cord was healthy, free from congestion, and of a proper consistence. The investing membranes were not congested; but there was marked vascularity of the cellular tissue which separates the dura mater from the vertebræ.—Lungs: Congested, but crepitated well at their base and behind; very emphysematous at the apex and in front. Bronchial glands softened, and of a purple colour.—Intestines: The small intestine showed slight arborescent congestion in several situations. Peyer's glands had undergone tumefaction, and were of a deeper colour than the rest of the mucous membrane. This latter character was observed especially in the neighbourhood of the ileo-cæcal valve, the folds of which were of an intense red colour. The mesenteric glands were enlarged, softened, and of a deep red colour. The spleen was tumefied, gorged, and in a friable condition. The fibres of the abdominal muscles were not granular or otherwise altered.

Remarks.—This case is a good instance of the difficulties which may be encountered in diagnosing between acute hydrocephalus and typhoid fever—a point of much importance, on account especially of the treatment and prognosis. The drowsiness, sickness, and fever, which mark the onset of the former disease, may be mistaken for the incipient stage of typhoid fever, and the error may be prolonged till the occurrence of strabismus, which is a very valuable indication. Yet this symptom may be absent, and it may be overlooked or underrated when considered beside the other symptoms; and so it sometimes happens that the case continues to be taken for one of adynamic fever: or the mind wavers from one point to another; treatment is employed with diffidence, and with less precision and energy than would be required, until the formidable cerebral symptoms of the close of acute hydrocephalus correct the diagnosis when it is unfortunately too late. It more frequently happens, however, that the error is committed in the opposite case; or, in other words, that it is typhoid fever which is more ordinarily mistaken for acute hydrocephalus. The above case is a good illustration of this fact. The symptoms which ushered in the disease—the fever, sickness, and dislike for food or drink—could be referred to either malady. But the repeated vomiting, the intense headache, the obstinate constipation, the hydrencephalic screams which attended and followed, were well marked indications of acute hydrocephalus. And not only the general appearance, but each symptom considered separately, pointed to this diagnosis. Thus the cephalalgia was far more intense than generally occurs in cases of typhoid fever. In acute hydrocephalus the headache is persistent and intense; the child carries its hand to its head, and complains loudly and spontaneously of the pain which he experiences in that situation. In typhoid fever the pain is slight, and the patient, when questioned, does not make much complaint about it. Next, the repeated vomiting pointed to a cerebral disease, and that disease most probably acute hydrocephalus. The child did not vomit once or twice, as is usually observed at the onset of febrile diseases in children; vomiting recurred repeatedly during two or three days, as in cases of acute hydrocephalus. The bowels were in a constipated condition, as in that disease; and in order to relieve the intestinal disorder a purgative powder had been administered. The meningitic macula, upon which Trousseau laid great stress, was easily produced, showed intensely, and was very persistent. The result of this case, however, is one more instance of the little importance which is to be attached to this phenomenon as a symptom of cerebral disease; it depends on the congested state of the skin, and exists in all affections of childhood associated with fever and congestion of the integument. Most frequently the child had uttered the long shrill scream to which Coindet of Geneva gave the name of "hydrencephalic," and which he considered as characteristic of water upon the brain; it may exist independently of this circumstance, as was shown in this case, and better deserves the name of "cerebral cry." The age of the child was a most important circumstance, and pleaded strongly in favour of the hypothesis of acute hydrocephalus. Remittent fever is very rare before five years of age, and is hardly ever met with in children under three; while at least half of all cases of hydrocephalus occur in children who have not completed their fifth year. Other circumstances were, however, of a doubtful nature, or drew the attention towards a different diagnosis. The occurrence of convulsions the very next day after the outbreak of the disease, and the persistence of the symptom, was an unusual circumstance alike in hydrocephalus and in remittent fever. Notwithstanding the heavy countenance and the relaxed state of the whole body, sensibility was still present. The child's eye followed a watch which was shown, and on the skin being pinched there was some slight trembling of the limbs. The tympanitic abdomen was rather indicative of remittent fever; it is, however, a symptom which may occur in acute hydrocephalus. The abdomen in this disease does not necessarily become shrunken until involved in the general emaciation. The beatings of the pulse were more frequent than in the corresponding stage of hydrocephalus. The thirst was intense, and this formed an important indication, as in hydrocephalus there exists an equal dislike for drink and food. The high temperature of the skin and the state of the pulse, indicating excessive calorification, might, however, have accounted for the presence of thirst on the hypothesis of tubercular meningitis. The pupils were much

dilated, but there was no strabismus—a circumstance worthy of great attention. The râles heard in both lungs could be explained away by admitting the existence of pulmonary congestion associated with tubercle. Notwithstanding these circumstances, and by reason of the age of the child, the general appearance and the peculiar symptoms already referred to, the diagnosis was more clearly in favour of acute hydrocephalus. The results of the autopsy showed, however, that there was no organic lesion of the brain, and that the case was unmistakably one of typhoid fever.

LARGE RECURRENT TUMOUR OF THE LOWER JAW; REMOVAL; RAPID RECOVERY.

(Under the care of Dr. GIRALDÈS.)

R——, aged fourteen, was admitted into the wards in June last. She is a strong, well-built girl, and enjoys habitual good health.

History and description of the tumour.—About the end of February last the patient became aware of the presence of a tumour situated in the floor of the mouth beneath the tip of the tongue and behind the dental arcade. The tumour was then of the size of a nut. By the month of April following the morbid growth had much increased in size, and had become very prominent in the mouth; a large portion of it was therefore excised by a medical man. At the time of the patient's admission into the hospital the tumour was the size of a small apple, and bulged under the tongue. In that situation it presented an ulcerated but not a bleeding surface, which did not communicate any offensive odour to the breath. The bulging of the tumour could be felt with the finger in the sub-hyoid region, but did not cause any marked visible deformity. The tumour was immovable, and seemed to adhere to the posterior surface of the body of the lower jaw-bone. On exploring the anterior surface of the bone, it was found to be in a normal condition. The anterior surface of the dental arcade also presented a normal appearance. Immediately behind the teeth could be felt the bulging of the tumour. The lower border of the body of the inferior maxillary was somewhat thickened on the left up to the situation of the ascending ramus; on the right the thickening extended somewhat further. The growth was of hard and elastic consistence.

By July 30th, at which date the operation was performed, the tumour had rapidly increased to double its size since the time of the patient's admission; but it was particularly the vertical diameter which had augmented. The bulging in the mouth was much more considerable, and the growth now produced a notable deformity of the sub-hyoid region. In front of the central portion of the lower jaw-bone slight bulging had become manifest. The general condition of the patient was still excellent. There was no tumefaction of the ganglia.

Operation.—M. Giraldès resected the body of the sub-maxillary bone with a portion of its left ascending branch, and removed the tumour, which was well circumscribed and implanted in the bone. A vertical incision was first made, commencing at three centimetres beneath the lower lip, and extending to the middle of the sub-hyoid region. Two lateral incisions were then made, the left extending to the ascending ramus, the right extending to two centimetres within the ascending ramus. Ligature of the facial artery, which was extremely small, was performed. The flaps having been carefully dissected, the resection of the bone was made at about the middle of the ascending ramus on the left side, and at the junction of the body of the bone with the ascending ramus on the right side. The flaps were united by means of a metallic suture. There was no difficulty in separating the tumour from the mylo-hyoid muscles.

The local sequelæ of the wound were of a most favourable kind. The after-treatment consisted mainly in injecting a solution of carbolic acid into the mouth, so as to remove the large quantity of sanious and purulent matter which accumulated there, and in applying to the wound compresses steeped in camphorated alcohol, or carbolic acid, proper restorative diet being administered to the patient. The recovery was remarkably rapid, and eight days only after the operation the patient was walking about the wards in high spirits and excellent condition.

Examination of the tumour after removal.—The morbid growth had obviously taken rise in the periosteum; osseous, needle-like processes were observed proceeding from the maxillary bone, and penetrating into the tissue of the tumour. The body of the bone was slightly hypertrophied. When cut through, the tumour presented a greyish-white appearance. Its consistence was rather firm, and the tissue did not creak under the scalpel. Examination with the microscope showed that the growth belonged to the now well-defined group of sarcomata. The presence of some cartilaginous and of some osseous elements gave a mixed character to the tumour, of the composition of which some idea may be had by the appellation "osteo-chondro-sarcoma." The sarcoma in the present case belonged to the variety of sarcomata having large fusiform cellules, and did not warrant so gloomy a prognosis as if it had been a medullary sarcoma.

Inoculations with the tumour were performed by M. Joffroy (one of the *internes* of the service) upon two white mice. Two inoculations were made under the skin by means of grafted shreds. In three others, matter scraped from the tumour was introduced into a deep wound of the neck. The results of these various experiments were entirely negative.

The account of this case has been obligingly communicated by M. Joffroy, whose name has been mentioned above.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 2ND, 1868.

DR. B. W. RICHARDSON, F.R.S., PRESIDENT, IN THE CHAIR.

MR. ALFRED COOPER showed a Calculus, which he had removed from the bladder of a boy aged twelve by the lateral operation of lithotomy. The point of interest was that the boy had been in the West London Hospital for seventeen days without showing a symptom of the presence of the foreign body.

Mr. COOPER also exhibited three Polypi of the Rectum, one of which he had removed from a child, one from a lady, and one from a gentleman. He had used the ligature in all the cases, and all had been mistaken for hæmorrhoids.

Mr. HENRY SMITH showed a Stone weighing five and a half ounces, which he had removed from a woman's bladder. She had suffered eight or ten years from the disease. He extracted the calculus piecemeal by an incision made through the vagina and the neck of the bladder. The patient had since died.

Mr. SMITH also exhibited a Stone from the female bladder, in which case he had performed the usual operation of lithotrity. At the second operation there was some difficulty in introducing the lithotrite, when the cause of the obstruction was discovered to be a large fragment, as big as a small walnut, which had become impacted in the urethra. This was removed by slightly incising the meatus, and the patient did well.

An animated discussion then followed on the question of dilating the urethra, Mr. Walter Coulson and Mr. Bryant being of opinion that rapid dilatation was seldom, if ever, followed by incontinence, whereas slow or gradual dilatation was attended by that distressing sequel.

Mr. HENRY LEE then read a paper on

THE MEDIO-LATERAL OPERATION OF LITHOTOMY.

The author described the way in which he now performs lithotomy, and which he has named the Medio-lateral Operation. He gave the particulars of three cases in which this operation had been performed. The first of these had occurred upwards of twelve months ago. The medio-lateral operation, he said, was performed in the following manner:—The patient is placed in the ordinary position for lithotomy, and a grooved staff having been introduced, an incision is then made in the median line of the perineum from before backward. This incision should extend through the posterior half of the perineum, terminating two or three lines in front of the anus. From this point the incision is continued for a quarter of a circle round the front and left side of the rectum. The finger of the left hand may then be put into the wound, and the rectum pressed back, whilst an additional touch or two with the knife separates it still further from the parts in front. The forefinger of the left hand is now passed into the rectum, and the knife, with its back towards the bowel, is passed at the posterior part of the central incision, and in the median line, into the membranous portion of the urethra. With the finger as a guide this is done with great ease and certainty. A bistoury or knife, with a probe as its extremity, is then passed into the same opening, and made to slide along the staff into the bladder. The blade of the knife is then directed towards the patient's left side, and somewhat backward, and as it is withdrawn the heel of

the knife passes in the direction of the original incision through the skin. The point of the knife remains very nearly in the median line. A free external incision is thus produced, involving no important parts, with a small opening into the bladder. The urethra being opened, the median line is reached with the greatest facility with the finger, and the incision into the bladder is in the same way very easily dilated. The forceps, or any other instruments that may be used, are also introduced more directly into the bladder than in the ordinary lateral operation. In this operation all the usual accidents and difficulties which are likely to occur in lithotomy are guarded against. With the finger in the rectum as a guide, the urethra may be opened without difficulty, and a probe-pointed bistoury, being guided by a grooved staff, cannot well fail to enter the bladder. The incision into the prostate gland is made from within outward, and this he (Mr. Lee) considered an advantage. An incision made in the opposite direction partakes more or less of the nature of a stab, and the point of the knife, even when guided by the most skilful hand, will sometimes wander from the groove in the staff.

The medio-lateral operation for lithotomy is performed in far less time than it requires to describe it, and Mr. Lee had been impressed in operating both upon the dead and living subject with the facility with which it is accomplished. The instruments used are an ordinary staff grooved in the median line, a common narrow scalpel cutting on one side only, and a curved bistoury with a probe projecting two lines beyond the termination of its cutting edge.

In children a single incision with the scalpel is generally sufficient, but in adults the circular part of the wound should be deepened either before or after the urethra is opened. Should the stone prove large, there is no difficulty in obtaining more room at the neck of the bladder by making an incision in the prostate gland on the right side, as well as upon the left. This is easily accomplished by the probe-pointed bistoury introduced upon the finger, and guided by it.

The external incision in the medio-lateral operation combines, as it appears to Mr. Lee, the advantages of all the different incisions which have been recommended. It affords sufficient room for the use of instruments. These may be introduced in the median line, and the rectum is not likely to be displaced or injured. The operation as a whole is, he thinks, the simplest in conception, the easiest in execution, and the least liable to be attended or followed by any unfavourable complications, of all the operations for lithotomy.

Mr. BRYANT advocated the plan that he had been taught—of using a straight staff. He believed that almost any stone of reasonable size could be removed by the lateral method. Mr. Lee's plan might be useful in very large stones.

Mr. WALTER COULSON and Mr. TEEVAN respectively spoke of the importance of cutting, not dilating the prostate, and exhibited calculi that they had removed.

The PRESIDENT gave a succinct history of the operation of lithotomy, and showed that whatever operations were performed, death is in proportion to the age.

Mr. CHARLES HAWKINS said that the mortality was greater in private than in hospital practice, the reason being that hospital patients applied earlier for relief, and were more ready to undergo the necessary operative procedures. Private patients, on the contrary, hoped on until their kidneys and bladder became diseased.

In reply, Mr. H. LEE thought that his plan of operation was very easy to perform, and he believed that dilatation of the prostate was not only very possible, but expedient.

After a few remarks from Mr. GREGORY SMITH and Mr. MASON, the meeting adjourned.

ULSTER MEDICAL SOCIETY.

AT the first meeting of the present session (1868–9) of the above Society, an inaugural address of considerable interest was delivered by Dr. Cuming, the Professor of Medicine at Queen's College, Belfast. After offering his thanks to the members for electing him to the presidential post in the Society, he proceeded as follows:—

Sixty-two years ago this Society was founded, for we are the legitimate successors of those who originated the Belfast Medical Society in 1806, although its continuity was temporarily interrupted before its reorganisation in 1822. In 1862, the Clinical and Pathological was amalgamated with the Medical Society, and the name of Ulster Medical Society adopted. From that period the meetings have been more frequent, and the number of contributions from the members have considerably increased. We owe much to our predecessors in this Society. They formed and transmitted to us an admirable collection of works, amounting to above five thousand volumes, and including a large number of rare and curious works, which are invaluable to the student of the history of medicine. They have handed down to us also gifts still more precious in the memory of lives honourable to their profession and useful to the community in which they lived.

In 1806, the medical profession in Belfast numbered nineteen members; the town contained 22,000 inhabitants. Now there are eighty-one practitioners of medicine, and the population of the town probably exceeds 150,000. The period of the foundation of the Society was one of great intellectual activity in medical science. Jenner's great discovery of vaccination had been first announced eight years before, and was rapidly making its way into public notice. Hunter's famous treatise on the blood and on inflammation, which changed the face of the existing pathology, had been published in 1794. Abernethy was in the meridian of his unequalled reputation. Astley Cooper and Charles Bell were rapidly rising into eminence. Dupuytren had just been appointed to the Hôtel Dieu, where his surgical ability was so long unrivalled. Laennec, to whom our art owes more than probably to any single man of either ancient or modern times, was commencing the investigations which have rendered such imperishable services to the science and practice of medicine. Cuvier was in the zenith of his fame. The whole method of investigation had also undergone a complete change. Authority was no longer regarded as paramount. The ancients, it is true, had been long dethroned, but in their stead more modern masters had arisen, whose teachings had acquired a sway over the minds of physicians almost equalling that exercised by Hippocrates or Galen. Looking back on the state of knowledge at the beginning of the century, we can recognise the vast strides which have been made in every department of medicine.

Now, this very progress, of which we are justly proud, has been made a subject of reproach to the profession of medicine. The pharmacopœias of past generations have been disinterred, and the public made merry with such complex formulæ as the Aqua Cœlestis and the Mithridate Andromachi. The opinions, often, it must be admitted, crude and fantastic enough, of the earlier physicians, have been cited as evidence that medicine has been practised without any solid foundation for its precepts and methods. In reality, however, this only proves that the growth of medical science has been accompanied by errors and imperfections, such as are known to have occurred in abundance during the development of other branches of knowledge. The history of astronomy, of chemistry, of geology, affords us multiplied examples of speculations as baseless as those of Paracelsus or Van Helmont. Besides, it must be remembered, that physicians could not be mere *curiosi naturæ*—could not be content to be simply spectators of phenomena. No doubt many of their principles were erroneous, and much of their practice useless, some even mischievous, but still their knowledge was always vastly in advance of the popular notions of their day.

[Dr. Cuming then alluded to some of the opinions on medical subjects held by several of the foremost thinkers of modern times; selecting only those philosophers who have given serious attention to questions connected with our art, and who have given deliberate expression to their views.]

Life, according to Bacon, may be effectually prolonged by a combination of ten operations. Of these the first is, "The operation upon the spirits to renew their freshness." This is to be accomplished by various means, of which the principal is the daily use of from three to ten grains of nitre. This remedy refrigerates and condenses the spirits, and he conceives it to have been specially created for that object.

The second operation is the exclusion of the external air from the surface of the body. This is to be effected by closing as completely as possible the pores of the skin. For this purpose astringent baths are to be used, and the surface of the body smeared with oil. Passing over the intermediate operations, we come to the ninth, which is, perhaps, the most curious of the whole. It is entitled, "The operation upon the inteneration of the parts which have become dry, or the softening of the body." It is intended to counteract the drying and hardening of the body, which occurs as age advances; and is to be effected by baths and by anointings. The best bath, according to Bacon, is one composed of the warm fresh blood of either man or animals; but as this is somewhat

loathsome, it may be replaced by other substances of a nutritive character. The Baconian prescription for this unique bath is that it should be composed of the fatter kinds of flesh, such as beef and pork, with oysters, milk, butter, yelks of eggs, wheatmeal, and wine sweetened with sugar or honey. To these should be added salt, saffron, mastic, myrrh, and myrtle berries. It would be difficult to find anywhere a series of directions more likely to injure the health, or more directly antagonistic to sound notions about the animal economy, than those which we have quoted from the father of modern experimental philosophy.

About the time that Bacon was announcing this discovery to the world—a discovery which was, in his eyes, so important, that he advanced the treatise containing it to an earlier place in the "Instauratio Magna," so that no time should be lost in making it public—Harvey, then lecturer on anatomy and surgery at the College of Physicians, was announcing his immortal discovery of the circulation of the blood. Indeed, it is stated that Harvey was physician to Bacon himself, as well as to James I., and that he had formed a low estimate of Bacon's powers, having probably judged of them from the character of his physiological speculations. "He writes philosophy like a Lord Chancellor," Harvey is reported to have said in derision. Physiological subjects were treated of at much length by another illustrious philosopher, Descartes, who may be regarded as standing in the same relation to modern psychology that Bacon does to modern experimental philosophy. Descartes, who was a man of spotless character, had, like Bacon, studied the means of ensuring longevity, and had arrived at the conclusion that the surest method of preserving life is not to fear death. He was well acquainted with the circulation of the blood, and his advocacy of Harvey's views contributed powerfully to bring about their acceptance throughout Europe. He published a treatise on man, which was the fruit of fifteen years of anatomical study and observation, in which he explained his views as to the manner in which the circulation was maintained. There is, according to Descartes, a non-luminous fire contained in the pores of the substance of the heart, which renders it so extremely hot that the blood on entering it becomes at once dilated, and brought to the condition of vapour. In this gaseous state it is sent to the lungs, where it is cooled and restored to the liquid state, and in this condition returned to the left side of the heart. No sooner, however, does it again enter the heart than it is again rarefied by the fire contained in that organ, and in this way is driven into the arteries. Descartes made some considerable discoveries in physics, but it is evident that his fifteen years' study had not enabled him to much advance our knowledge of vital processes.

It is well known that the benevolent mind of Berkeley, one of the most acute of modern metaphysicians, was filled with the notion that in tar-water, made by pouring a gallon of cold water upon a quart of tar, he had found a panacea for all the ills of humanity. So profoundly was he impressed with the importance of his favourite remedy, that we find him declaring:—"As the old philosopher cried aloud from the housetop to his fellow citizens, 'Educate your children!' so, I confess, if I had a situation high enough, and a voice loud enough, I would cry out to all the valetudinarians upon earth, 'Drink tar-water!'" He even attributed to this wonderful fluid a subtle influence on the development of the intellect. "Nor is it only useful," he says, "to the bodies of infants; it hath also a good effect on their minds, as those who drink it are observed to be remarkably forward and sprightly. Even the most heavy, lumpish, and unpromising infants appear to be much improved by it. A child there is in my neighbourhood, of fine parts, who at first seemed stupid and an idiot, but by constant use of tar-water grew lively and observing, and is now noted for understanding beyond others of the same age." When we remember that this passage was published in 1752, when Cullen and William Hunter were teaching medicine and anatomy, we shall have no reason to doubt that, on their own ground, the physicians of the day were more than a match for the metaphysicians.

Coming to more modern times, we may select, as a final instance, the greatest speculative philosopher of Germany, the celebrated Kant. Kant had the singular misfortune to be impartially and eminently wrong, both in what he believed about medicine and in what he disbelieved. He was an enthusiastic admirer of the absurd Brunonian system, which hardly survived its birth, and of the puerilities of Beddoes; and he was strongly opposed to what has proved an inestimable blessing to the human race—the practice of vaccination.

It would not be amiss, when we are lectured by some of our contemporaries on the defects of our art, to remind them of the errors into which men greater than they have fallen when they ventured into our domain, and to counsel them to learn humility from the example of Bacon, of Descartes, of Berkeley, and of Kant. I have adduced these instances, to which it would be easy to add many others, not with the idle notion of depreciating the labours of the great philosophers to whom I have alluded, but to show the inherent difficulties of the study of medicine, the danger of regarding the facts or generalisations derived from other sciences as adequate to its elucidation, and the absolute necessity for a minute and accurate as well as comprehensive knowledge of the phenomena of disease before venturing to even speculate upon its theory, much less to meddle with its practice.....The fact is, that while with our present knowledge no great generalisation is as yet possible, we have ample scope for the most far-reaching and penetrating intellect in the work which lies at our hand.

A distinguished writer has attributed to the study of medical science an important influence in the development and cultivation of one of the most remarkable intellects of modern times. "No science could have been chosen more happily," says Dugald Stewart, "to prepare such a mind as that of Locke for the prosecution of those speculations which have immortalised his name; the complicated and fugitive, and often equivocal phenomena of disease requiring in the observer a far greater portion of discriminating sagacity than those of physics, properly so called; resembling, in this respect, much more nearly the phenomena about which metaphysics, ethics, and politics are conversant."

[After referring to the educational wants of the present day, the importance of encouraging the study of natural sciences and modern languages, Dr. Cuming concluded thus]:—

And now, gentlemen, laying aside the consideration of questions which are specially interesting to ourselves, and regarding the wider one of the position of medicine throughout the world, I think we have ample grounds for congratulation and hope. Never have inquiries and investigations been prosecuted before with such wealth of scientific appliances, or over so many countries, or by men of such different culture, or under circumstances of so great diversity. Never were intellects of a higher kind engaged in the study of our art. And what is still more hopeful, we find that with much observation there is little theorising. Men are now content to proceed upon the solid ground of experience and fact, anxious rather to

"Lay great bases for eternity,"

than to erect unsubstantial and unenduring fabrics of speculation.

Looking forward to the future of medical science, I think of it as going onward in sedulous, intelligent, honest investigation of the myriad varieties of the action and suffering of the human body; in the unceasing search after the means by which disease may be lightened or removed, proceeding slowly, it may be, but always on the solid basis of patient, unwearied observation, unhasting, but also unresting. I think of it, not as quickened by higher motives or directed towards nobler aims than now, for humanity and benevolence are of the essence of the profession of medicine; but as ever gaining truer conceptions of the processes of health and of disease, and deeper insight into their nature; as laying broad and deep the foundations of a structure of knowledge from which, in "an ampler ether, a diviner air," wider views of life and of its manifestations may be obtained. I think of the conditions of health becoming defined; of the seminal principles of disease becoming recognised; of some medical Newton of the future unveiling for us the mystery of vitality; and, finally, of the noblest and crowning triumph of our art, in the discovery of better, surer, and wider means of preventing, mitigating, or curing disease.

"So from the root
Springs lighter the green stalk, from thence the leaves
More airy; last, the bright consummate flower."

It is in this way that real and permanent advances are to be made, and that our profession may hope to pursue an uninterrupted career of usefulness. The stars in their courses fight for a science cultivated in this spirit, for an art practised on this foundation.

MIDDLESEX HOSPITAL MEDICAL SOCIETY.—The opening meeting of this Society was held on Thursday, October 29th; the president, Dr. John Murray, in the chair. After a short address by the president, Mr. Henry Arnott read a very able paper "On the Value of Instruments in the Diagnosis of Disease."

Reviews and Notices of Books.

On Diseases of the Skin, including the Exanthemata. By FERDINAND HEBRA, M.D., Professor of Dermatology in the University of Vienna, &c. Vol. II. Translated by C. H. FAGGE, M.D., and P. H. PYE-SMITH, B.A., M.D. The New Sydenham Society. 1868.

HAD we space, we should have been glad to enter into a lengthened critique of the second volume of Hebra's work, which has been looked for by the profession for some little time. We are relieved from any misgiving, however, by the fact that the work will be very largely circulated amongst our readers by the Sydenham Society, and that they, with others who aspire to any real knowledge of skin diseases, would not under any circumstances be satisfied without studying the work for themselves. The special points of interest only in the volume will, therefore, be referred to here. The first volume contained fifteen chapters; this second volume, commencing therefore with chapter 16, includes part of the fourth, and the fifth group of diseases in Hebra's classification—viz., (*a*) Chronic exudative dermatoses: comprising psoriasis, lichen, pityriasis rubra, eczema, scabies, prurigo, acne disseminata, sycosis, acne rosacea, pustular eruptions, chronic pemphigus, rupia. (*b*) Cutaneous hæmorrhages. In the present volume we miss lupus from a position in the former group, rupia having been substituted for it. The objection to the mode of classification here adopted is very evident. The most diverse affections, as regards anatomical seat and even pathology—for example, an hypertrophous, a parasitic, a neurotic affection, sebaceous and pilous diseases, and a syphilitic disease—are grouped together under the term "chronic exudative diseases;" and it is the more important to call attention to this point, inasmuch as the College of Physicians expressly recommend in the new nomenclature report that, in future, diseases should be arranged in accordance with anatomical considerations.

The first chapter in the volume (the sixteenth of the work) contains an admirable account of Psoriasis. Hebra uses the term psoriasis, in England, to include all the varieties of lepra vulgaris. He differs from Mr. Wilson, who applies psoriasis to scaly chronic eczema. It is well known that Hebra is the great advocate for local treatment by baths, hydropathy, and the special and free employment of soft-soap and tar, and these remedies are fully treated of in the present work.

In the next chapter Lichen is discussed. By the term lichen Hebra does not mean the disease as described by Willan, but two varieties of eruption almost unknown to English writers—namely, lichen scrofulosorum and lichen ruber. The former occurs in markedly strumous subjects, and consists of an eruption of papulæ, pale-yellow or brownish-red, and in groups, each papule being seated at the aperture of a hair-sac, and made up of a mass of epithelial cells, which collect and distend the hair-sac, in conjunction with the sebaceous glands, and are followed by the development of a species of acne. Lichen ruber is a form of disease in which papules, at first distinct and subsequently scaled, and undergoing no other changes save aggregation into patches, are present; the chief morbid products being seated in the roots and sheaths of the hair-follicles. The account of these two diseases will be read with interest.

Pityriasis rubra is discussed in the next chapter (the eighteenth). Hebra says that the recognition of an eczema squamosum cuts away the ground from beneath the feet of pityriasis rubra, and under the head of eczema he classes a certain number of cases of disease that have hitherto been regarded as pityriasis rubra; but he believes that others still remain which are not eczema, and in which, throughout the whole course, "the only symptom is the persistent deep-red coloration of the skin. In this disease there is no considerable infiltration of the skin; no papules or vesicles are formed; no secretion is poured from the surface; the itching is slight—the morbid changes do not lead to the formation of excoriations; no fissures make their appearance; and, lastly, particular regions of the body are rarely affected, the whole surface of the skin being generally attacked." On this point we entirely agree with our illustrious *confrère*.

Eczema is next in the list of subjects. This is the most common disease of the skin, and, perhaps, the difference of opinion is greater in regard to its nature than in that of any other cutaneous disease. Hebra gives us his special views on the subject. He "understands the term eczema in a different way from that hitherto accepted by former, and by most living dermatologists." He does not consider the formation of vesicles, and, subsequently, of a moist surface deprived of its epidermis, as sufficient to characterise the disease, but takes in as varieties of the same malady all the morbid changes seen in the course of development and retrogression of the ordinary vesicular and moist eczema." He thinks eczema is "characterised either by the formation of aggregated papules or vesicles, or by more or less deep-red patches covered with thin scales, or in other cases by a moist surface; whilst in any of these forms there may be developed, in addition, partly yellow and gummy, partly green or brown crusts." Under this definition are ranged—1. *Eczema squamosum* (Pityriasis rubra in some of its forms). 2. *Eczema papulosum;* also called E. lichenoides, or L. eczematodes. 3. *E. vesiculosum;* the E. solare of Willan. 4. *E. rubrum seu madidans.* 5. *E. impetiginosum.* The arguments used by Hebra to substantiate his position are derived from the effect of irritants on the skin, the variation in aspect of eczema in one and the same subject, and the history of the developmental stages of eczema. Hebra, it would seem, does not differ from Willan materially: mainly, in fact, in the assertion that the squamous phase (pityriasis rubra) may be the early stage of eczema, and in considering the mixture of lichen and eczema to be solely eczema. We cannot help remarking that a reaction in favour of the truth of Willan's doctrine in regard to the vesicular nature of eczema will probably now take place.

Scabies is fully dealt with next to eczema. Its position betwixt eczema and prurigo is one that we do not comprehend. Hebra believes that the eruption of scabies is produced by scratching; and it may be for this reason that the position assigned to scabies is sought to be justified. The whole subject of scabies is fully, and of course very ably treated.

The chapter on Prurigo is very interesting. Hebra cannot ascribe "the origin of this malady to any external disturbing influence upon the skin." He, any more than ourselves, does not believe in the pedicular origin of prurigo. Pityriasis, of course, exists; no one doubts that.

Acne disseminata, Sycosis, Acne rosacea, Pustular eruptions, Chronic Pemphigus, Rupia, and, lastly, Cutaneous Hæmorrhages, are the subjects of the following chapters.

Space allows us only to remark, that Hebra holds to the non-parasitic nature of sycosis; that the pustular affections of the skin described by authors under the names impetigo, ecthyma, porrigo, achor, &c., have no existence as independent diseases; and that rupia is in reality a syphilitic disease.

This second volume contains information relative to the most important of the diseases of the skin; and it will, we are confident, do good service in helping on the cause of cutaneous medicine in England. The distinguished author may be well satisfied with the labours of his translators, Dr. Fagge, who took charge of the chapters on Psoriasis, Lichen, Pityriasis rubra, Scabies, Sycosis, Acne rosacea, with Pemphigus chronicus; and Dr. Pye-Smith, who undertook those on Eczema, Prurigo, Acne disseminata, Pustular Eruptions, Rupia, and Hæmorrhagiæ Cutaneæ.

Lectures on the Theory and Practice of the Ophthalmoscope. By HENRY WILSON, F.R.C.S., M.R.I.A., Assist.-Surgeon to St. Mark's Ophthalmic Hospital, &c. Dublin, 1868.

WE have great pleasure in calling the attention of those who are engaged in the study of ophthalmic diseases to Mr. Wilson's Lectures, a notice of which in these columns has been only too long delayed. We have read Mr. Wilson's book through with great care, and can confidently recommend it as containing the best exposition recently published in our language of this important mode of investigating disease.

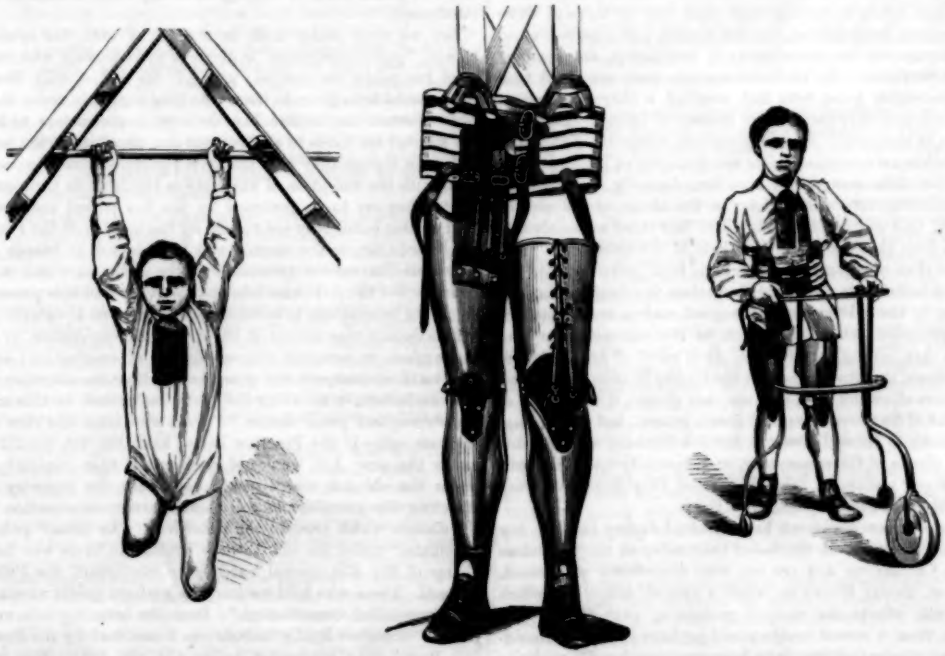
The work commences with a brief but clearly written chapter on the Theory and Principles of the Ophthalmoscope, giving an account of the gradual mode in which the instrument at present in general use attained its development in the hands of Cumming, Helmholtz, Ruete, and others. The principal varieties of ophthalmoscopes are then described, and the structure of the parts implicated in ophthalmoscopic examination—as the retina, choroid, and vitreous—are lightly touched upon. To this succeeds a very good section on the appearances presented by the healthy eye when examined with the ophthalmoscope. The succeeding chapter treats of the anomalies of Refraction; and in it the differential diagnosis of Hypermetropia, of Myopia, and of Astigmatism, by means of the ophthalmoscope, are more intelligibly and satisfactorily, and at the same time more fully given than we remember to have elsewhere seen. In the seventh chapter the appearances presented by the Optic Nerve in health and disease are described. The eighth and ninth chapters treat of the Pathology of the Retina, and these, with the tenth and eleventh, which are devoted to the Choroid, are very well written, and reflect great credit on Mr. Wilson's observation and reading. The twelfth and last chapter is taken up with the consideration of Glaucoma. The author limits himself almost entirely to the description of the parts referred to, and does not attempt to lay down any directions for treatment. His own investigations are everywhere supplemented by apt quotations from English and foreign writers.

The only part of the work we cannot praise is that in which most of those who have written on the ophthalmoscope have failed—namely, the illustrations, which, if not absolutely bad, are very indifferent—the figure of detached retina notably so; the vessels of the attached and detached portions are represented as continuous, which is certainly not the common appearance. Nor should we have recognised the drawing representing Bright's disease. This, however, is a secondary consideration; and for those who are desirous of having a compendious treatise at hand, to interpret the phenomena which come under their observation in using the ophthalmoscope, which is now becoming familiar to every practitioner, can have no better guide and teacher than these lectures of Mr. Henry Wilson.

New Inventions
IN AID OF THE
PRACTICE OF MEDICINE AND SURGERY.

GILLINGHAM'S ARTIFICIAL LEGS.

IN THE LANCET of the 8th of August last we reported a case of primary amputation of both lower limbs after a railway injury in a boy fourteen years of age, successfully performed by Mr. Brook, of Lincoln. The right thigh was amputated in the middle third, and the left leg immediately below the knee. Mr. Gillingham, of Chard, Somerset, whose ingenious arm for amputation at the shoulder was noticed in THE LANCET of Jan. 19th, 1867, having heard of the lad's unfortunate condition, undertook to fit him with artificial limbs, so as to enable him to walk; and those who witnessed the boy's performance at the meeting of the Clinical Society on the 23rd ult. will know how fully he has succeeded.



On the right side, the artificial leg consists of a leather socket for the thigh, hinged to a hollow leather leg with a movable wooden foot. The boy wears a broad waist-belt, supported by braces over the shoulders; and to this four steel spiral springs pass in front to flex the thigh, whilst a broad elastic spring behind extends the limb. An elastic

spring in the leg, and attached to the thigh-piece, serves to extend the leg; whilst the tendo Achillis is represented by a strong steel rod, hinged to the heel; and a spring controls the ankle in front. The weight of the right leg is 4¾ lb.

On the left side, where the knee-joint is perfect but with only one inch of stump below it, the lower leg is the same as on the other side. Instead of the thigh-bucket on this side, the thigh is enclosed in a lace-up bucket, retaining the metal supports which hinge to the leg at the knee. In order to assist the movement of the knee, a broad spring is carried from the leg to the thigh-piece, thus supplementing the action of the extensors. The weight of the left leg is only 3½ lb.

The success of the apparatus in enabling the boy to walk is certainly remarkable. He can not only walk without sticks (at present somewhat awkwardly, but it must be remembered after only a fortnight's practice), but he can go up and down stairs with the aid of one stick and the balusters.

In addition to the legs, Mr. Gillingham has invented an ingenious "go-cart," by which the boy was trained to walk with the artificial limbs in less than a week. Its construction will be seen in the accompanying engraving; and it might, doubtless, be found of service in paralytic and other cases where a patient desires support without the use of crutches, and with the possibility of taking a seat to rest at any moment.

THE

VACCINATION ACT OF 1867 AS IT AFFECTS THE MEDICAL PROFESSION.

I.

IT appears to us to be a matter for considerable regret that the Vaccination Act of 1867, though it has been in force more than nine months, and has been passed more than a year, has not received that attention at the hands of the profession which a measure of such immense public usefulness deserves. It is also much to be regretted that two or three of those persons who have entered into the modern and most ridiculous crusade against the performance of vaccination are members of our profession; for we could scarcely have conceived that any reasonable being who had received a liberal education could contend that vaccination, instead of being a blessing, is a curse to mankind. Strangely enough, while Mr. Gibbs and his brother anti-vaccinationists are declaring at Brighton that small-pox kills more people now than formerly, we have the Registrar-General's declaration, in the shape of his weekly returns, that during the week before last there were only two deaths from that disease in the whole of the metropolis. But we fear that some encouragement has been given to those benighted individuals who style themselves the Anti-vaccination League by the indifference and neglect, and in some instances the opposition, which are shown to the successful working of the Act, owing, we believe, to a want of knowledge of its sections, and the disposition too readily to accept as correct the views of others who, perhaps, are almost if not quite as ignorant of its provisions; and thus a general, but very wrong, impression is formed that the Act is a hardship upon the different classes of the community, and especially upon the members of our profession, who think that they have had fresh and arduous duties imposed upon them.

Several letters which we have received during the last few months confirm us in the belief that many of the provisions of the Vaccination Act are but very imperfectly understood. The Act, though it may be called a special Act, is one which materially affects the medical profession, even to a greater degree than a casual reader would perhaps imagine. Doubtless, as vaccination has long been associated with medicine and surgery, most people would think that our profession is interested in its provisions; but we fear that there the inquiry of many rests, instead of carefully studying the Act for themselves, and making themselves masters of the duties which it imposes upon the profession. We do not suppose that there have been many Acts of Parliament of so special a character as this one, which, though treating as it does of one medical subject only, yet imposes duties upon each member of the community, lay as well as medical. Under these circumstances, we think it may be of some assistance to our professional brethren—especially to that large class who take part in the parochial vaccination of the country, and who are spoken of in the Act as public vaccinators—if we examine some of the provisions of the Act of 1867, as compared with those of the Act of 1853, and notice more particularly the duties which the first-mentioned statute has imposed upon them.

The Vaccination Act of 1867, like that of 1853, which it repeals *in toto*, though it re-enacts many of the old provisions, and does not interfere with then existent contracts, first directs that unions and parishes shall be divided into vaccination districts, unless any union or parish is of so limited an area that it may, without inconvenience resulting, form a single district. The guardians having carried out the Act thus far, it then becomes their duty to appoint to each of the districts a properly qualified medical practitioner to perform the vaccination which may be required by residents in the district. The guardians must then enter into a contract with the practitioner, who thereupon becomes the public vaccinator of the district. But here there is a difference between the old and the new Acts, for under the former a contractor was appointed for the whole union, whereas, under the latter, he is appointed for some particular district or districts of the union, and he cannot claim payment for any vaccinations performed out of his district, unless in one of the three following instances—viz., (1) in case of a vacancy in the office of vaccinator in an adjoining district; (2) in case of the default of the vaccinator of an adjoining district, notice, in writing, of such default having been given to him by the guardians; and (3) in cases where the relieving officer of his union or parish shall, in writing, refer any child to him to be vaccinated.

But we must notice that, in the Act of 1867, the special title of "public vaccinator" is given to those persons who contract for public vaccination; while, in the Act of 1853, there is no special title given to those who hold contracts under that Act. Certain magistrates have held that contractors under the old Act are liable to all the pains and penalties of the new Act, even though they were not styled public vaccinators; and that, with the exception of the matters regulated in their contracts, they are to be governed by the law passed last year. And in this belief they are upheld by the opinion of the Poor-law Board; for, in the circular which explained to boards of guardians the various provisions of the Act, and which was issued *before* the Act came into operation, we find this passage regarding proceedings to be taken against persons in default:—"This default may consist of the neglect of vaccination, or in the neglect to transmit the certificates of vaccination; and the Board recommend the guardians to draw the attention of the vaccinators, with whom they have contracted, to this and the subsequent penal clause." Those who take this view of the case ask—If the Poor-law Board held that the penalties under the new Act were not recoverable from contractors under the old Act, where would have been the necessity of directing the guardians to call their contractors' attention to the clauses which provide the penalties? The term "public vaccinator" under the old Act was applied to those who had charge of the Educational Vaccination Stations of the Privy Council. Those who held contracts to perform public vaccination were called "contractors." Does the term "public vaccinator" therefore legally include—as is assumed by the Poor-law Board—the contractor under the old Act? Has the Poor-law Board made a blunder in the matter? If the contractor under the old Act is not a public vaccinator *de jure*, then the penalties under the new Act for the non-transmission

of certificates cannot be inflicted upon him, and the necessity for new contracts becomes all the more imperative, in order that the Act may be properly carried out.

And now with regard to the question of fees payable under the new Act. And, first, we will refer to the fees payable under contracts. It is made a *sine qua non* that for a claim to be legally made, on the one hand, and paid, on the other, the vaccinator must not only have been appointed by the guardians to perform the vaccination of their district, but must also have had his contract approved by the Poor-law Board. And the Act is very emphatic on this point; for it enacts that "no payment in respect of vaccination shall be made out of the common fund of any union, or out of the poor-rate of any parish, or out of any other public or parochial fund where the Poor-law Board shall not have approved of a contract for the performance thereof." And, in order that there shall be no mistake on this point, the Act further directs that every payment made contrary to this provision "shall be disallowed by the auditor." This prohibition of payment also extends to cases where the Poor-law Board shall have determined contracts, a power which has been given to the Board by the 9th section of the Act.

It must next be borne in mind that the amount of the fees themselves is a matter entirely between each contractor and his board of guardians. The Legislature has not placed any limit on their largeness; but, as a slight protection of the interests of the vaccinators, whom most guardians have but too readily evinced a desire to grind down to the lowest possible amount, the Legislature has placed a minimum limit, below which no board of guardians can go. The minimum scale, under the new Act, is considerably better than that under the old Act, as will be seen by comparing as follows:—

Under the old Act the fees were—

For every person vaccinated at the residence of the contractor, or within two miles therefrom, by the nearest public road, not less than 1*s.* 6*d.* Beyond the above-named distance not less than 2*s.* 6*d.*

Under the new Act the fees are—

For every vaccination done at an appointed station, situated at or within one mile from the residence of the vaccinator, or in the workhouse, not less than 1*s.* 6*d.*; for every vaccination done at a station over one mile and under two miles distant from the residence of the vaccinator, not less than 2*s.* 6*d.*; and at any station which is more than two miles distant from the vaccinator's residence, 3*s.* For vaccinations performed elsewhere than at a station or in a workhouse—or, in other words, for domiciliary vaccinations—according to the terms specified in the contract.

It will thus be seen that, as we have said above, the scale under the Act of 1867 is much more liberal than the scale under the Act of 1853. In order, however, to obtain the increased fees it is absolutely necessary that the practitioner should enter into a contract under the new Act of 1867. But there is no necessity for the fees being kept even at so low a standard as the minimum limit fixed by the new Act. We have said on former occasions that if the whole of the profession would agree as to the amount which should be paid for each operation, this important matter of vaccination fees might, we think, soon be placed on a footing more satisfactory to that large class of practitioners who are interested in this particular branch of the Poor-law medical service.

Thus far we have spoken of contractors who are district vaccinators, but we must also devote a small space to the other class of contractors—namely, workhouse vaccinators. From a correspondence which appeared in our columns on the 26th September last, it will be seen that the Poor-law Board hold that unless a workhouse medical officer has a contract entered into since the Act of 1867 came into operation, which contract "shall contain special provision for payment in respect of the performance of vaccination in workhouses at the rate of remuneration prescribed by sect. 6 of the Vaccination Act of 1867, he will *not* be entitled to any fee in respect of cases of successful vaccination performed by him in the workhouse." And that such is the case is quite clear, for, as we have already stated, the Act directs that none but contractors shall be paid any fee out of the parochial funds on account of vaccinations performed.

We may take this opportunity of reminding those of our brethren who hold vaccination contracts under the Act of 1853, that they can secure the advantages of the new Act by giving twenty-eight days' notice in writing to their respective boards of guardians of their intention to terminate their contracts, provided, of course, that they can rely upon their being reappointed to the offices which they, of their own free will, vacate. And we advise all workhouse medical officers at once to request their respective boards of guardians to enter into contracts with them for the performance of public vaccination, otherwise they will not be entitled to the fee which Parliament has directed shall be paid to them, and so one of the benefits of the Act will be lost to those for whom it was intended.

And here we propose to pause; intending to resume, next week, our consideration of this important matter. Our next notice will deal with those provisions of the Act which relate to the certificates to be given by medical men, and to the transmission of such of them as the Act directs to be sent to the registrars.

PROPOSED NEW INFIRMARY AT OLDHAM.

To the Editor of THE LANCET.

SIR,—The town of Oldham, distant about six miles from Manchester, though virtually a suburb of that city, contains a population of about 90,000. It has hitherto been without a charitable medical institution of any description. Its numerous workshops and cotton factories have supplied a fertile field for the treatment of acute surgical cases, and these, with the exception of a comparatively small number sent to the Manchester Infirmary, have been treated, through the liberality of the employers of labour, as private patients at their own homes. The comfortable circumstances and, as a rule, the excellent condition of the dwellings of the working population, have enabled this to be done, not only without disadvantage, but, I am persuaded, from the favourable result almost uniformly seen after capital operations, with positive benefit to those unfortunate enough to suffer accidents by machinery.*

Now, however, infected by the movement in Wigan, Blackburn, and other towns, it is intended to build an infirmary and dispensary for the reception and treatment of these and other cases. The Mansion-house Committee, out of the surplus fund subscribed some years ago for the relief of the operatives during the cotton famine, have apportioned to Oldham, under an order of the Court of Chancery, £1000; and, with this as a nucleus, it is proposed to raise £9000 additional for the above purpose.

I, in common with my professional brethren here, hold a firm conviction, formed after some experience in other places, that of all the charitable institutions in the country none are more liable to abuse than those to which the medical profession are called upon to minister. The debates in the Social Science Congress at Birmingham a few weeks ago sufficiently attest this. We are therefore desirous, whilst the institution here is in a nascent state, to use our influence for the purpose of correcting or mitigating some of the evils most grievously complained of—evils tending to the demoralisation of the working classes themselves, and certainly most injurious to the interests of the junior members of our profession.

It occurs to me that this may, perhaps, be best attained by insisting on the adoption of such measures, whether by a paid officer or otherwise, as may be necessary for the rigid exclusion of all but the necessitous; and by advocating payment for the services of the medical staff, on the ground, irrespective of the question of bare justice, that, from our proximity to a large county hospital, no status will be conferred on those holding its appointments.

In my opinion, the profession in this country ought long ago to have resisted the burdens imposed upon it by the public. Want of union amongst ourselves is undoubtedly the one potent reason why year after year these burdens have gone on accumulating, until they have at last culminated in the recent disgraceful Vaccination Act.

If any of your numerous readers, either privately or through your columns, feel disposed to assist by their suggestions in placing matters on a better footing in this town, he will confer a benefit on the profession generally.

I am, Sir, your obedient servant,

Oldham, Nov. 3 d, 1868. A. THOM THOMSON.

* I hope to put on record at some future time the result of operations performed under such circumstances, with the view of comparison with that obtaining in large hospitals.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 7, 1868.

FEW things are more striking in medical science than the change which has come over the etiological department. The discoveries of recent years as to the locality and laws of transmission of the contagium of some diseases have given quite a new importance to this department, and it has had a very engrossing amount of attention. Medical science has been almost overpowered by sanitary science; therapeutics have been thrown into the shade by hygiene and prophylaxis. We have no fault to find with this; but it is a fact to be observed. Medical philosophy would be very imperfect if it did not take into account the causes of disease; and if we may not hope just yet to separate, in all their chemical and physical individuality, the poisons which produce very defined forms of disease, we may prosecute, without any undue presumption, those researches which have already been so fruitful of good into the laws by which these poisons operate, or may be prevented from taking effect.

We propose to-day to say a few words in reference to some more disregarded causes of disease, which all physicians, however, will admit to be most potential.

One can scarcely fail to observe how intensely physical all our etiology has been of late years. This is only a part of a larger fact, that all our science has been more and more physical. And in regard to large classes of the most dreaded disorders, such as cholera and the eruptive diseases, they have been pretty well demonstrated to depend on a material contagium that can be carried, or kept, or destroyed. We have been startled lately by experiments which seemed to demonstrate the gross material transmission of tubercle, and some would go so far as to believe in the gross material origin of most cases of tubercular disease. We can only await the development of science for more specific knowledge on this and kindred points. But we think it not untimely to suggest to the profession, and especially to the stricter students of the causation of disease, whether we are not in this rage for a physical etiology overlooking too much those psychical influences which all good physicians have recognised as causes of disease. For some years prior to 1866 the population of this country was subjected to the complicated influences of a great and general prosperity, involving the extensive and sudden acquisition of wealth, and, in some degree, status, without any corresponding amount of education or culture. If anybody doubts the effect of this set of conditions on the nature of men, on their physical and mental health, let him read the observations of Dr. MAUDSLEY and others who have given special attention to this subject. "In several instances," says Dr. MAUDSLEY, "in which the father has toiled upwards from poverty to vast wealth, with the aim and hope of founding a family, I have witnessed the results in a degeneracy, mental and physical, of his offspring, which has sometimes gone as far as extinction of family in the third or fourth generation. When the evil is not so extreme as madness or ruinous vice, the savour of a mother's influence having been present, it may still be manifest in an instinctive cunning and duplicity, and an extreme selfishness of nature—a nature not having the capacity of a true moral conception or altruistic feeling." Since 1866 the whole population has been subjected to commercial depressions, which have not only affected seriously its material condition, but have been calculated to produce psychical states which must have most important bearings on the public health. Yet in all our speculations as to the causes of the disease with which we are dealing, how seldom do we consider this. Our present social and commercial condition involves worry and anxiety in hundreds of cases where it does not involve want. It involves extensive humiliation or the loss of social caste. It must have postponed many marriages for a time, and some for all time; and, apart from this crisis, the amount of marriage in the country was far below the amount necessary for the satisfaction of that virtuous love which has been the subject of praise by philosophers and poets from time immemorial. The dulness of trade since the crisis must have intensified the competition, keen enough before, necessary in order to what is now-a-days called success, which means the acquirement of the wealth necessary to the gratification of an unprecedented and most unphilosophical number of wants. The list of psychical states that as physicians we ought to keep in mind would not be complete if we did not mention the rude shocks of faith of late years which an intensely physical science has to answer for. Surely, then, these are not times in which we can afford to disregard influences which have always been considered powerful. The difficulty in getting a sufficient consideration for them now arises from the difficulty of gauging them in individual cases, and of differentiating them from those material conditions which very often accompany them; also from the very variable degree in which they affect different persons. There is almost necessarily a vagueness about our information concerning such influences. But though these are explanations of the present tendency to disregard them in favour of more ascertainable and material facts, yet they are no justification of the tendency. If the effect of worry is vague and variable, so also is the effect of the material of small-pox. If a man who has gone through an amount of anxiety, which would have explained a break-down in his health, escapes unscathed, so have we known an unvaccinated child lie for a week in the same bed with its nursing mother covered with small-pox, and yet escape unscathed. It is not in the nature of any morbific cause to act with perfect uniformity. The only way to make our knowledge on this subject more specific is by a more distinct recognition of the psychical class of influences. And no man in much practice will have very far to look for facts in this direction. Anxiety has long been associated, causatively, with the production of cancer or jaundice, often both. Some very interesting cases of acute rheumatism, remarkable for their fatal termination, and a rapid rise in the temperature before this event, are recorded in the admirable Transactions of the Clinical Society just published, in the history of which the pre-existence of care and anxiety is specially recorded. Diabetes seems to have some strange relation to the neuroses, and is strikingly under the influence of mental conditions. The development of phthisis will often be determined as much by mental as physical circumstances. We need say nothing

here about insanity, which seems to increase, at least a little, with our increasing civilisation; about hysteria or epilepsy; about a degree of moodiness or melancholia which scarcely is made the subject of complaint, but which is not health. We have said enough to remind medical men of the propriety of regarding all mental and moral influences in their wish to be accurate in judging of the causation of disease. We shall not be accused of any disposition to underrate the importance of the physical elements in etiology. We rejoice in the progress of our knowledge concerning them. But it is, above all things, necessary that the physician be comprehensive in his views. To be a true physician he must be broadly human in his philosophy.

There is a cause of disease which used to be greatly considered, but which has of late been rather neglected—that is, cold. Dr. RUMSEY, in his interesting address on Public Health at the Social Science meeting—to be published, we believe, separately,—suggested that, in the strength of our new convictions of the necessity of fresh air, we were rather apt to forget the evil of having too much of it, or of having it at a low temperature. The older physicians thought more of cold as a cause of disease than of almost anything else. And indeed it is a mighty producer of disease and death, which has of late been greatly overlooked. It slays its thousands every week in the winter months, into which we are just passing. It indirectly favours the development of typhus epidemics by favouring overcrowding. It causes pneumonia and bronchitis and pleurisy in people who do well in our English summers. It sometimes kills apparently by mere shock. It is no friend to any diathesis. In short, it is a lethal influence to be feared as much as an epidemic poison like that of influenza or cholera.

OUR readers will have, doubtless, perused our own articles, and the various letters which these have called forth, on the Army Medical Department. It could hardly be expected that unanimity would prevail on such a subject; but the majority of communications have been favourable to the scheme we have put forth of reconstructing the department on a basis similar to that of the corps of Royal Engineers. The object we had in view was not at all that of achieving a victory for our own opinions, but to ascertain what was really best for the State, the soldier, and the medical officer. We confess that we do not think those who are favourable to the present organisation on a regimental basis have made the best of their case. But, first of all, a word or two on several misconceptions which have apparently arisen. General hospitals, in so far as they are large institutions, are open to the objection which can be urged against all big hospitals—namely, that the aggregation of sick under one roof is injurious just in proportion to the number so aggregated; but then that is an objection to large hospitals, and not to the system of appropriating the duties of the medical officers. Again, Dr. GORDON puts forth a view very generally held, that as a member of a family is likely to take more interest in the other individuals of that family than a boarder, so a regimental medical officer may in like manner be expected to blend his interests more completely with the corps of which he is an actual, and not a mere nominal, member. We cannot see very much force in this argument. Does Mr. PAGET manifest less professional interest in a patient admitted yesterday into St. Bartholomew's than in another he has known some time? Or does he endeavour to cure the last more quickly than the first? Certainly not. He does his best for the sick man because he is sick, and in proportion to the difficulty of the case are his professional interests aroused; his sympathies being probably excited in direct ratio to the danger and suffering of the patient. It will be answered, no doubt, that the relations in the case of civil and of military life are quite different; that the interest which a medical officer manifests as a man is quite as essential to the comfort and well-being of the sick soldier as that which he shows in his professional character; and that in his connexion with officers and men alike, the feelings which arise from a communion of tastes, pursuits, and intimate intercourse must influence him, and be reflected from him for the good of the regiment to which he belongs. Certainly there is some force in this. But how long do the majority of medical officers remain with their regiments? How frequent are the changes of corps which arise from removal on account of sickness or exchanges. Then, again, we may without heresy say that the army medical service is made up like all other bodies, and possesses its very good and very bad men. The former may endear themselves to all, and their loss may be as thoroughly regretted as the departure of the latter may be secretly and justly hailed with delight. The intimate social relation of the one with the members of a regiment will inspire confidence and affection; while in the other case the same connexion will only serve to deepen the dislike and increase the distrust. Is the present relation of the surgeon to the colonel and officers of his regiment the same as it was when he did not possess the same relative rank he does now? We fear not. It remains to be proved whether the medical officer's position would be better or worse if he were regarded as the professional adviser in all medical and sanitary questions of his regiment. Dr. GORDON and all our correspondents agree in thinking the present twofold administration of our military hospitals expensive and ineffective. We think, however, that he has hardly put the position of medical officers in the matter of issuing an order in a clear light. It is, after all, rather a verbal than a real difficulty. We imagine the position to be this:—All matters of discipline and power to enforce obedience by penal authority are vested in combatant officers exclusively, and it was on this ground that medical officers were debarred from being presidents of boards, &c., because they might have in such a capacity to exercise such powers. But a medical officer is held by the QUEEN'S Regulations responsible for everything in his hospital, and he is therefore given the power of ordering its management and that of its inmates. If the orders be disobeyed, he cannot *personally* enforce obedience. His action must go through the channel of his commanding officer, who is specially charged with compelling obedience to the surgeon's orders, unless these be irregular or illegal. A person has the power to order a man off his premises; but he calls in the aid of the police, charged with municipal authority, to enforce his will by removing and punishing the offender. So in army hospitals; if the order be disobeyed, it is a military offence, the punishment of which devolves upon the combatant branch of the service. The Regulations, however, specially provide for the case of a P.M.O. in a general hospital during the absence of the Governor, by giving him all the powers of that Governor, for whom he is then vicariously acting. We are only explaining

what we believe to be the correct interpretation of the position, not pronouncing any opinion on it. In the matter of dress, if medical officers all had one and the same uniform, there would be an immense saving of expense. They ought to be distinguished from combatant officers, but not by the ugliness of their uniform. This is what we presume Dr. GORDON to mean, although he scarcely makes it clear.

When so much can be said for unification of the department, what are the objections against it? One, first of all, which we previously dwelt upon—namely, the difficulty connected with our colonies. Surgeons of regiments must be relieved at stated periods, if a general roster is to be worked. If A has served five years, and is at Demerara with his regiment, he will naturally be as clamorous to be relieved as B, serving in England, will be anxious to renew his period of service. The majority of medical officers are abroad, and they would never be relieved if the minority at home were permitted to remain in their regiments. We confess that this introduces a double difficulty. If reliefs take place regularly, they involve the outlay of money; if they do not take place, hardship is imposed on those eager for removal, but unable to obtain it. There is one other element, and it is this. Medical officers obtain social advantages by belonging to a regiment, which they would not, it is thought, enjoy as individual members of a Royal Corps of Surgeons. If this be the fact, it would be overcome in time. They must stand or fall by being members of a scientific body, and the possession of personal qualities will, as in every other relation of life, make or mar their fortunes in this respect. One word in conclusion. We think the title of assistant-surgeon might be abolished without great injury to anyone.

DR. C. J. B. WILLIAMS is entitled to the thanks of the profession for the good fight he has made, and the partial victory he has gained, in the cause of reform at the College of Physicians. For a series of years past we have persistently condemned the mode of government which the Council of the College adopted, and especially the perversity with which it maintained its bad system of nominating to the Fellowship. The oligarchic pride which made it a fashion with the Council to reject all advice from Fellows, not belonging to its own body, as to the selection of names, was highly irritating and offensive to the College generally, and to that large portion of the profession which desires to see that institution taking its proper place as the leader of medical progress of every kind. It was so obvious that the Council could not possibly pretend to infallibility of judgment, and that they were extremely likely to be ignorant of the special merits of particular persons whose names were on the list of members, that the habitual refusal to receive information from anyone outside their body naturally received the worst interpretation, and was frequently attributed to a desire on their parts to exercise favouritism towards members who happened to possess personal influence with them.

To a limited extent this injustice has now been done away with. It is in the power of any two Fellows to recommend the name of any member, whom they deem worthy of the Fellowship, to the Council for nomination; and it may be hoped that when the names of the Fellows so recommending are of any eminence, the Council will at least feel compelled to give very serious attention to their claim, which will have to be supported by an accurate statement of the position, and of the public writings, &c., of the member whose name is proposed to them. They cannot, therefore, make mistakes from ignorance.

It is, however, impossible to regard this reform as final; and indeed we value it chiefly as an indication that the power of public opinion is becoming too strong for even the Council of the College of Physicians to resist. Ten years ago precisely the same measure of relief was proposed in Comitia; the Council then brought all the weight of its influence to bear against it; the Fellows submitted, and the proposition was unanimously rejected. At the recent debate, on the contrary, no one dared to raise a voice against conferring the recommendatory power on the Fellows; nay, more, a most influential member of the Conservative party in the Council expressly declared that the Council was most anxious for information and help. In fact it was difficult to avoid the suspicion that the speaker in question, or some other able leader of the party, had been "educating" his followers; for not only was the above-named principle conceded, but the influence of the medical press was referred to in terms of respect, and the virtual publicity of the debates in the Comitia was expressly acknowledged without an attempt to condemn it. We, who recollect the time when the mystery of secrecy was maintained as necessary in the case of the Comitia debates, may well congratulate the College on having openly broken at least one of the most ridiculous leading-strings with which it had been tied by the bad old traditions of the place. But the advantages which have now been gained by the reforming party are only a small step to what must follow if the College is to be so reformed as to satisfy the profession. Even in the matter of the nomination of Fellows, it is still in the power of the Council to treat with complete neglect the recommendations of outside Fellows; and Dr. WILLIAMS'S attempt to secure a further check upon its action failed. He proposed that when a name recommended to the Council had been passed over by them in their nomination-list, it should be competent for a certain number of Fellows to add that name, nevertheless, to the nomination-list, and allow it to take its chance of the ballot along with those recommended by the Council. This was resisted, on the ground that it was an undue interference with the selective power of the Council, such as would render that power nugatory, and the office of councillor contemptible. Now the question is, When such arguments as these are urged, what does the selective power of the Council mean? The debate at the Comitia very plainly revealed, what we have more than once hinted, that the right of selection which is still cherished so eagerly by the Conservative party in the Council is *not* the honourable though difficult office of weighing the scientific merits of one candidate against those of another, but the right of discussing their private or professional ethics. It was darkly intimated that such fearful stories came out about men who had been innocently supposed by some Councillor to be worthy of the fellowship, as it would be most improper to hear or to tell anywhere except in the privacy of a Council meeting specially sworn in to silence and discretion. Here, then, is the old element of secrecy, which with difficulty has been banished from the Comitia, still lurking in its most objectionable form at the meetings of the Council. We repeat what we have said before on this topic. We protest against the unmanly and ungenerous

custom of discussing a man's private character in an assembly before which he cannot appear to defend himself against even the most unfounded slander; where he may, perhaps, have only one supporter, who knows his merits, but is not prepared with evidence to refute all the possible calumnies that may be brought against him; and where one foul or careless tongue, consequently, may blast his character for ever in the opinion of some fifteen or sixteen gentlemen who, perhaps, never heard a word said against him before. One can imagine only too well the kind of thing that might happen on such occasions. Dr. So-and-So's name, being proposed by some one who knows that he has worked hard at the pathology—let us say of pineal-gland diseases,—is objected to by some one else who feels impelled to the "painful" but necessary revelation, that Dr. So-and-So's grandmother was the inventor, and that he is the proprietor, of the Ointment of Lebanon! Dr. So-and-So is irretrievably damned; his proposer sits down in dismay, and only finds out by careful subsequent inquiry that the candidate, so far from benefiting by the sale of the abhorred ointment, has voluntarily relinquished all the profits which he might have received from what was really a large family property, from conscientious motives. Of course nothing would prevent some half-dozen of the members of Council from believing, to the end of their days, that he is drawing an immense fortune from a quackish salve in which he does not believe, and with which he would not anoint his own sores on any consideration! In short, the whole proceedings must be a caricature of justice in cases where objections are made to the ethics of a member whose name may be proposed for the Fellowship. The whole system of inquiry into the moral and social qualifications of persons who are proposed for the Fellowship is thoroughly vicious, for it is one which no conceivable secret council could be trusted to carry out with the requisite fairness and impartiality, and with sufficient knowledge of the facts. There is plenty of work for future reformers of the College of Physicians, even in the small and subsidiary matter of the nomination to the Fellowship. The larger projects at which Dr. WILLIAMS hinted in the course of his speech cannot be dealt with now; but we shall, perhaps, return to them on a future occasion.

THE discovery of the corpuscula tactûs by WAGNER in 1852, and by MEISSNER in 1853, led to much investigation by various observers, who, however, were by no means always in accord with each other in respect to the mode of termination of the nerves in the skin. Subsequent to these investigations a new and peculiar form of corpuscle was discriminated by KRAUSE, presenting certain resemblances to a Pacinian body, and also to MEISSNER'S corpuscula tactûs, and which we may here briefly describe. KRAUSE'S corpuscles (*endkolben*—terminal knobs) are found in the conjunctiva, lips, tongue, buccal mucous membrane, penis, and clitoris, and appear as minute swellings of about $\frac{1}{1000}$th of an inch in length, and rather less in breadth, invested externally by a sheath of connective tissue, with nuclei imbedded in it. Within this sheath is contained a hyaline, faintly-granular soft material, through the axis of which courses the nerve-fibre deprived of the neurilemma, and white substance of SCHWANN. Now it will be remembered that MEISSNER'S corpuscles are described as being widely distributed over the body, and as forming an oval mass which occupies the greater part of a cutaneous papilla. The corpuscle is of a dull granular aspect, apparently possesses soft contents, and a nerve-fibre, or sometimes two fibres, may be traced to its base, at which point the nerve appears to lose its medullary layer, and to wind spirally round the corpuscle, which consequently presents a very peculiar horizontally striated appearance.

The characters of a Pacinian body are too familiar to our readers to need repetition.

KÖLLIKER, whose authority is deservedly so high amongst histologists, includes all these structures in one category. They all, he remarks, possess these characters in common—first, that they present terminal nerve-fibres, with free and slightly swollen extremities; secondly, a central mass sometimes containing nuclei, and of the nature of *connective tissue*, serving to support and invest the nerve-fibre; and, thirdly, a general investing sheath of *connective tissue*.

In a recent article in Dr. BROWN-SÉQUARD'S *Archives de Physiologie*, ROUGET expresses his dissent from these views, and gives the results of his inquiries into this difficult subject. He believes he has proved that whilst the corpuscles of MEISSNER, and those discovered by KRAUSE, are essentially similar, they both present well-marked points of distinction from the corpuscles of PACINI; and, on the other hand, have a strong analogy to the mode of termination of motor nerves.

By very careful maceration of the conjunctiva in extremely weak acetic acid, to remove the epithelial layers, ROUGET has been able to define the nature of these corpuscles with much greater accuracy than has hitherto been accomplished, and the following are the results he has obtained. In the first place, as regards KRAUSE'S corpuscles, he discriminates two forms, one in which there is a central corpuscle, up to the base of which a dark-bordered nerve-fibre runs, and at once proceeds to describe a series of ten or twelve circles around it, the coils being often so close that scarcely any of the corpuscle can be seen. In a second form, the fibre, on reaching the corpuscle, loses its double contour, and becoming a grey fibre or axis cylinder, after describing a similar series of coils to the foregoing, finally plunges into the central corpuscle, which thus seems to be continuous with the nerve-substance, and not of the nature of connective tissue; and in this respect it differs essentially from the central mass of a Pacinian corpuscle.

As regards the corpuscles of MEISSNER, ROUGET states that one, two, or more nerve-tubes proceeding from the subcutaneous network, run, according to their size, to the base of the papillæ, and reach the corpuscula tactûs. Here they become closely applied to the outer surface of the corpuscle, dip into its cortical substance, lose their double contour, and then, as in the former instances, describe a series of coils, which are so closely arranged that no part of the central corpuscle is visible, the nerve finally ending in the central mass, which may be regarded as its expansion. The analogy of this arrangement with the terminal plate of motor nerves requires no comment.

IT will be in the recollection of our readers, certainly of those who are Fellows of the College of Surgeons, that at the meeting for the election of Councillors in July last an attempt was made by Dr. MORRIS, of Spalding, and Dr. WIBLIN, of Southampton, to gain publicly some knowledge of the views of the several candidates for election on that occasion. The

then President, Mr. HILTON, at once checked all discussion as being contrary to the bye-laws, and was upheld by the solicitor of the College, who sat by. Dr. MORRIS is, we are happy to say, not disposed to submit silently to what he regards as an infringement on his rights as a Fellow, and in another portion of THE LANCET will be found a letter from that gentleman, in which he expresses his intention of bringing the matter under the notice of the Council with an eye to future elections.

Though we fully sympathise with Dr. MORRIS in his views with regard to the stifling of all debate within the College walls, we fear that his proposed reference to the Council will prove of little avail. At the meeting for the election of Councillors the Council of the College is not in session, and its members are present only as Fellows, and not in their representative capacity. The President for the time being is the sole and responsible administrator of what he *believes* to be the law, and unless we are much mistaken as to the way things are usually "made pleasant" at the College, the only answer Dr. MORRIS will receive will be a formal acknowledgment of his letter, and a statement that the Council have no power to interfere. It becomes therefore a question as to what is really the *law* upon the subject, and until this is ascertained it will be impossible to take action in the matter with any hope of success. If it is found that, legally, the Fellows are entitled to meet in their own College to investigate the claims of their representatives to re-election, then, *nolens volens*, the President must give way, or Dr. MORRIS will have his remedy by applying for a writ *quo warranto* in the Court of Queen's Bench.

We would strongly advise Dr. MORRIS and those gentlemen who think with him (they are both numerous and influential) to put their cause in the hands of a first-class London solicitor, by whom a case for opinion of counsel should be drawn up, which should be submitted to two eminent lawyers—say the Attorney-General and Sir ROUNDELL PALMER—for their opinion. If that prove favourable, let it be published in our columns, and forwarded officially to the College authorities, and we will venture to say the insurmountable barriers to free discussion will rapidly melt away. In order to carry out this suggestion funds to the extent of some £50 will be required, and we are sure that if Dr. MORRIS and Dr. WIBLIN will announce their readiness to act as treasurers to a fund for the purpose of trying the rights of the Fellows of the College, double or treble that sum may be had within a week.

Medical Annotations.

"Ne quid nimis."

DR. BROWN-SEQUARD'S LECTURES.

IT is just ten years since a physiologist, whose name, although well known to the scientific few, was at that time very unfamiliar to English ears, appeared suddenly in the metropolis, and gave lectures, first at St. Bartholomew's Hospital, and then at the College of Surgeons. Great curiosity was felt to hear views which, it was naturally thought, must be of exceptional interest and importance to have procured for the lecturer, Dr. Brown-Séquard, the advantage belonging to the use of the theatre of the College of Surgeons; and the class which was addressed by this new Professor was generally numerous and always attentive. It is hardly necessary now to speak of the effect which Dr. Brown-Séquard's lectures produced when they were published in these columns, and were by this means widely circulated among readers whose curiosity had been already stimulated by reports of the singular originality and depth of the lecturer's researches. Since then, other towns of the kingdom have had the advantage of hearing the distinguished Professor; and we have published in THE LANCET from time to time courses of lectures by him upon a large number of the most interesting and recondite subjects connected with the Physiology and Pathology of the Nervous System. The ordinary period necessary for a physician's success in a large metropolis is so long, that Dr. Brown-Séquard's career, so far at least as England is concerned, has been probably the most remarkable on record. In ten short years he made his name familiarly known throughout the profession, and made a practice such as is ordinarily only the lot of one who has spent the best of his years in seeking it. We cannot doubt of the pleasure with which our readers will receive a new series of lectures from such a source, "On the Physiology and Pathology of the Nervous System, and on the Treatment of Organic Nervous Affections." The publication is commenced to-day. It is an earnest of the interest which may be expected to belong to these lectures, that the subject dwelt upon in the first—"spinal hemiplegia"—is one which has scarcely been touched by any previous writer.

THE CHANCELLORSHIP OF THE UNIVERSITY OF EDINBURGH.

THE initiatory proceedings in the election of Chancellor for the University of Edinburgh passed off most creditably. The speaking on both sides was good, and so was the temper. The Lord Justice-General Inglis was proposed by Dr. Maclagan, and seconded by Mr. Phin. Mr. Gladstone was proposed by Sir James Y. Simpson, and seconded by Dr. Guthrie. Dr. Maclagan was as successful as any man could be who had to show the superiority of Mr. Inglis over Mr. Gladstone. He will forgive us, however, for saying that he did not alter the palpable fact that in Mr. Gladstone the University would have a Chancellor of world-wide renown, who is abreast of all the scholarship and science of the time, and who is equally abreast of all that is broad, human, and free in the tendency of our legislation, in which, it is evident, universities are to figure most conspicuously. His attempt to show that Mr. Inglis was entitled to the honour on the score of gratitude as the author of the Universities Act, was finely handled by Sir James Simpson, who showed that it was prepared to his hand by previous workers, including Mr. Moncreiff, into whose labours he certainly cordially entered. Sir James showed how consistently Mr. Inglis has resisted attempts in the University to favour modern science in his attachment to the old forms of learning, and with most telling effect he showed how he had tried to exclude a large section of the medical graduates from the Council. Dr. Guthrie's speech in favour of Mr. Gladstone was one of the most eloquent and thrilling speeches which he ever made, and cannot fail to have a great effect. Professor Christison, as the senior professor of the University, presided. On the show of hands being taken, he declared it to be difficult to say on which side the majority was. On the whole he thought it in favour of his own candidate, the Lord Justice-General; but we are assured, on good authority, that it was in favour of Mr. Gladstone. The votes will decide. All voting papers must be in the secretary's hands by the 20th instant. We will only ask members of the Council to remember that they are choosing a successor to Lord Brougham for the Chancellorship, not of a provincial school, but of Edinburgh University, and to vote as if they were determined to uphold the great reputation of their *alma mater*.

WONDERFUL—BUT NOT TRUE.

THE first part of a new publication issued by Messrs. Cassell and Co., the well-known popular publishers, entitled "The

World of Wonders," certainly more nearly approaches the writings of the celebrated Baron Munchausen than any modern publication we are acquainted with. At the very time that the bulk of the press is endeavouring to dissipate vulgar errors and sow the seeds of true physiological knowledge—the importance of which in a medical point of view cannot be too fully insisted on,—we have in this cheap serial a collection of all the absurdities and historical monstrosities of the middle ages, for the enlightenment of the public mind. On one page is a picture of a mermaid and a merman; and though the opening paragraphs of the description mildly insinuate a doubt of the existence of such beings, the authentic (?) details dating from 1187, 1430, and 1610, which are given at length, will go far to convince the non-sceptical mind of their truth. Again, on the very next page we find an article on Wonderful Births, in which we have a *réchauffé* of all the old women's tales of multiparous women, winding up with the legend of Mrs. Bonham, who had seven children at one birth, all living, and all christened at the same font!

The Wonders of Digestion form the subject of another article, in which we are informed that the stomach is "a large bag, the whole of whose surface is covered with a series of tiny finger-like projections, from every part of which a thin fluid is pouring out"! The following we do not pretend to understand, and we should like to know what idea it will convey to the simple reader:—"As the chyle is absorbed it changes its character. First the presence of fibrin begins to manifest itself; then it gradually becomes coloured, white corpuscles, apparently identical with those of blood, being formed in large numbers." The article in question concludes with an account of a juggler who passed a sword "too far down the *windpipe*" into his stomach, where it was nearly all dissolved, only "a foolish medical man ordered the conjurer horse exercise," which led to "a severe internal wound and death."

"The Living Skeleton," "Wonderful Frosts," "A Wonder of Intrigue," "Wonderful Women," "Giants," all more or less flavoured with the apocryphal, are duly recorded; but perhaps the most "wonderful" paper is one on "Wonders of Vegetation," with three illustrations of a turnip with a human face (grown in 1682), a radish in the form of a human hand (A.D. 1672), and a parsnip held by a lady's hand (of unknown antiquity).

We wonder who the compiler of such a farrago of absurdities can be, and imagine that he must belong to the order of funny if not wonderful dogs which are not mentioned in the work—unless, indeed, we are suffering from the "optical *delusion*" recorded in large type in the same pages.

MEDICAL HEROISM.

WHATEVER may be thought of the value and possible results of M. Villemin's well-known experiments, it cannot be denied that they have at least had the excellent effect of stirring up a world of ideas, and of giving a strong impetus to modern scientific researches upon the nature and etiology of tuberculosis. Our readers know with what zeal and curiosity medical experimenters have taken up the subject of inoculation of tubercle; and the number of rabbits that have been sacrificed to this goodly end is something fearful to contemplate. It may be said that this question has fairly impassioned the medical public; but it could scarcely have been expected that any one investigator, however zealous in the cause of science or confident in the safety of his doctrines, would have ventured so far as to inoculate the matter upon himself. This, however, has recently been done. A week or two ago, M. Lespiaud, one of the gentlemen attached to the surgical department of the Val-de-Grâce, in the presence of several of his colleagues, extracted granular matter from the body of a phthisical subject and introduced it under his own integument. Of course such acts, if they are not to be followed, are much to be admired, and the annals of our profession are not wanting in similar examples of medical heroism. It may be asked, however, whether M. Lespiaud might not have turned this courageous disposition to some better and more practical purpose. We do not see what new light his experiment can throw upon the subject. He may fall a victim to his zeal for science, and yet the value of the experiment for which he may have sacrificed his life may be called in question. For all we know, M. Lespiaud may be a very stout man, with all the appearances of a most robust constitution; yet, though he should dwindle away henceforth into utter emaciation, and die amid all the symptoms of tubercular disease, those who have no faith in the value of tubercular inoculation will not be convinced, and it will be argued that M. Lespiaud possessed the seeds of the fatal disease before performing inoculation upon himself. If, as it is much to be hoped, the reverse be the case, it will be of still less practical value. The supporters of the inoculation theory will not fail to observe that the experiment was imperfect, or conducted under unfavourable circumstances. Whilst making these remarks, suggested by common experience of such matters, we cannot but pay a just tribute of praise to M. Lespiaud for the courageous way in which he has exposed himself to the effects of a most dangerous and merciless disease.

NURSES FOR THE SICK POOR.

DR. SIEVEKING, whose efforts in behalf of the sick poor have been long known and appreciated, once more brings the subject of nursing prominently forward in a letter to *The Times*. He says most truly that, owing to the medical man's efforts not being aided by the presence of a nurse, sickness tells much more heavily in the mechanic's dwelling than it does on those members of society who enjoy more ample means; that it interferes more directly with the domestic economy of the poor by compelling the healthy members of the family to attend upon the sick member; that disease, when of a contagious character, necessarily spreads more rapidly; that the directions of the medical man are inadequately carried out; that the earnings of the healthy members of the family are interfered with by their attendance upon the sick; and that, in the case of households comprising young children, the latter suffer neglect if the parents are stricken by disease, or if the mother is engaged in nursing. Dr. Sieveking observes that no medical man of experience can fail to see instances illustrating the power of disease in pauperising deserving labourers and mechanics; and he does not hesitate to say that if a suitable nurse could be obtained for the particular requirements of a sick man's dwelling, a large amount of destructive misery might be prevented, and a corresponding diminution in the poor-rates be achieved. Dr. Sieveking describes a plan recommended by an influential committee of the Epidemiological Society several years ago, which failed, although supported by Lords Shaftesbury and Stanley, and even by the Poor-law Board itself. We wish we could see a better prospect of success now. A few parishes do pretend to supply nurses, as they are bound to do on the requisition of the parish surgeon; but it generally happens that the person sent is a pauper from the workhouse, who is not only perfectly ignorant of nursing, but is often wicked enough to ill-treat and rob the patients, and leave them without a moment's notice. In one parish of the metropolis the pauper is even expected to pay the attendant eighteenpence a day and to send her to the workhouse for her meals and lodging. We despair of any efficient system being ever carried out under the auspices of Poor-law guardians. At the same time it is absolutely necessary that lady nurses—and the caution is by no means uncalled-for—should strictly confine themselves to their proper sphere, and not trespass upon the duties either of medical officer or chaplain. Wherever the system of lady nursing has failed hitherto, it has been from a disregard of these principles. For ourselves,

we believe, in the case of nursing, that one volunteer is worth ten attendants who are paid, and that it is hopeless to expect of cold officialism that which requires the warmth of human sympathy effectually to carry out.

MR. M'CULLAGH TORRENS FOR FINSBURY.

THE election for Finsbury is one in which the medical profession, from old associations, has a prescriptive interest. On the present occasion Mr. M'Cullagh Torrens has peculiar claims upon our sympathy. For generations past the money of the ratepayers has poured in a continuous stream into dwellings incapable of housing anything but crime, sickness, and pauperism; and until these dwellings are destroyed there can be no solid foundation either for sanitary or social improvement. To effect this object Mr. Torrens has exercised patience, perseverance, tact, and industry, beyond all praise; and when, added to this, he is remembered as the proposer of the lodger franchise, we conceive that he has established a position of which even Finsbury may be proud. But Mr. Torrens has also been the sincere friend of the medical profession, by advocating the claims of the Poor-law medical officers; by placing, so far as he could, the officers of health under the protection of the Home Secretary; and, last, not least, by expressing his preference for carrying medical and general relief to the poor man's home, as the dispensary system contemplates. We are glad to hear that a committee has been formed to defray the expenses of Mr. Torrens's election, as some recognition of his important services; and we hope that the members of our profession will give their hearty assistance to a candidate who holds such sound and advanced opinions on the questions of the day.

THE SIAMESE TWINS.

ARTICLES have been appearing of late about the above individuals and their visit to Paris, with the object, as it has been asserted, of securing the surgical skill of M. Nélaton in making an artificial separation of that bond by which Nature has joined them together in a way which no Divorce Court can overcome. The subject was a good one on which to hang a little sensational writing; and the mysterious nature of the union of Messrs. Chang and Eng, the Siamese in question, as well as the intensely interesting nature of the operation, have been dwelt upon. We gather, however, from a short and interesting article by Dr. Eve, the late professor of surgery in the University of Nashville, in the number of the *Richmond and Louisville Medical Journal* for this month, that the twins have probably no intention of the kind, and that all the accounts about the physical, moral, and mental unity between them are incorrect; the twins are two beings possessing as separate and complete organisations as any other two individuals, the only connexion being a short cartilaginous and integumental band common to both, the severance of which would, in all probability, be perfectly harmless. It has never been the opinion amongst medical men in America or Europe that the death of one of the brothers would be instantly followed by that of the other, or that their separation was surrounded by any fearful difficulty, or that the link between them is a means of perfect physical union by which sensations or impressions are conveyed from one to the other. So far from it, the band is almost insensible, and on shipboard they were pulled about by a rope tied to it. Dr. Eve tells us that no pulsating vessel has ever been detected in it, though, undoubtedly, it is just in the centre of this cord, made up of gristle and skin, and for about an inch on either side, that there are vessels and nerves communicating from one to the other. Here, but nowhere else, a touch on the space indicated is felt by both. Precisely here, and here alone in the band uniting them, there is sensation, and nothing else whatever common to both.

The decision of the profession thirty-eight years ago, when this case was first exhibited, was that the ligament was cartilaginous, probably a prolongation of the ensiform cartilage of the sternum; and the chief, if not the only, objection to its division has been that the peritoneum might be involved in the operation. The question of separation was with themselves or their guardians, and not with the profession. In 1830 we declared that the case was more rare than curious. If one of them died, it would certainly be the duty of some one to make the attempt, taking care to divide the parts nearer the one deceased.

NEW POOR-LAW APPOINTMENTS.

CONSIDERING that it has now been admitted that the character of our workhouse inmates has entirely changed, and that sickness, old age, and infirmity now occupy the place of able-bodied idleness, it seems the more strange that the President of the Poor-law Board should persist in appointing barristers as inspectors, who are about as fit to say what is necessary for the sick as doctors would be to pronounce on a knotty point of law. We again express our unbounded astonishment at the announcement that "Reginald Courtenay, Esq., barrister-at-law, and J. Fleming, Esq., barrister-at-law, have been appointed by the Earl of Devon, the President of the Poor-law Board, to be additional Poor-law Inspectors." We would respectfully inquire whether the gentlemen are related in any way, the one to the noble President, and the other to the permanent Secretary of the same name.

POISONOUS MUSHROOMS.

IT is to be hoped that the ardent fungologists who are seeking to popularise the mushroom tribe as an article of food, will do their utmost to spread as widely as possible a knowledge how to discriminate between those species that are safely edible and those that are poisonous; otherwise, we may anticipate a great many mistakes with very serious results. An inquest has lately been held in South London, on the body of a waterman who ate mushrooms at Gravesend, returned to his home in town the same evening in apparently good health, but before the next night died, with all the symptoms of mushroom poisoning. The verdict of the jury on the medical evidence was that the death resulted from eating poisonous mushrooms. Botanical distinctions of species are not as yet familiar to a very large proportion of the population, and it is as well that it should be known, as regards the mushroom family, that it contains some species which, however "pleasant to the eyes" of a fungologist, are certainly not "good for food."

PROPOSED HOSPITAL AT ROTHERHAM.

IT is intended shortly to erect a new hospital at Rotherham, in connexion with the Dispensary, and a site of upwards of three acres and a half has been obtained, with funds amounting to nearly £6000. The site of the proposed hospital is an elevated one near the town, and it is never likely to be enclosed by cottage buildings. A question has arisen, we are informed, as to what system shall be followed in constructing the new building. The pavilion plan is not, perhaps, the most economical, but it is allowed on all hands to be the best on sanitary grounds. It is next to impossible that the air of an hospital built on this model should become foul. With a good open site at command, we regard an hospital built on the pavilion plan, and on one floor, as on the whole the best.

The military authorities of this country have been almost entirely following this plan of late years, and it is being adopted for the new Metropolitan District Asylums. Before coming to a decision, the Building Committee at Rotherham might have plans upon two systems submitted to them, in order to see what would be the difference of expense involved.

THE NEW HOTEL DIEU OF PARIS.

THE building of the new Hôtel Dieu of Paris is progressing rapidly, and promises to bear out the Emperor's wish that this house of the poor, placed under the wings of Notre Dame, should be completed before that ungodly construction, the new Opera House. Indeed, such is the care bestowed on the brilliant and profuse ornamentation of this latter edifice, and such the expense which it entails, that it is said it will not be completed before some seven years hence. Meanwhile, the whole of the area which the new Hôtel Dieu is to occupy is now covered over, and does not measure less than 22,000 square metres. Our readers will remember the warm and protracted debates which were carried on at the Society of Surgery in connexion with this new project of the Assistance Publique for building a new Hôtel Dieu on a large and monumental scale. Much was said against the danger of large hospitals, the site which was chosen, and the details of the plan which was adopted. But moral, æsthetical, and municipal views overcame sanitary objections, and it was decided that a splendid new Hôtel Dieu should be built beneath the shade of Notre Dame of Paris. Three distinct blocks of buildings already begin to take form and shape. When finished they will constitute three pavilions, the principal front of which will face Notre Dame. The first or front block of buildings will be appropriated to the administrative department, the reception and waiting rooms, and the lodgings for the director, housekeeper, chief apothecary, chaplains, &c. On the first story the internes or house-surgeons will be provided with spacious rooms. On either side of the large courtyard, where the gigs and hand-barrows will bring the patients, there will be two large amphitheatres for the clinical lectures. The second block will consist of a vast longitudinal edifice, which will serve to connect three pavilions situated on the right for male patients, and three on the left for female patients. Large open gardens, planted with trees and shrubs, and surrounded with galleries, will separate the different pavilions. The third part of the building forms a large courtyard facing the Quai Napoléon, in which will be found the chapel, the deadhouse, &c., near to the lodgings of the sisters attached to the hospital. The kitchens, the bleachery, and the various stores occupy the basement, which is not the least curious and interesting portion of this stupendous edifice, destined to contain not less than seven or eight hundred beds. These details, which we draw principally from *L'Union Médicale*, will, we doubt not, be of interest to all who are concerned in the subject of sanitary construction, and particularly to those who are acquainted with that venerable and gloomy building known as the old Hôtel Dieu.

SCURVY.

FIVE East Indiamen have arrived in the Thames during the past week with severe cases of scurvy on board. Official inquiries have been ordered by the Board of Trade, but it is to be observed that all these ships sailed from England before the Merchant Shipping Amendment Act came into operation, so that they were not supplied with the certified lime- or lemon-juice now used in the British Mercantile Marine.

SPEAR VERSUS DOIDGE.

THE case of Spear *v.* Doidge, tried at Exeter last July before Baron Channell, of which an account will be found in THE LANCET of August 1st and 22nd, is, we are glad to see, likely to be again submitted to trial, as on Wednesday last Mr. Coleridge, Q.C., moved on the part of the defendant that the verdict was against the evidence. It will be remembered that the plaintiff, having entangled his arm in a threshing machine, broke the ulna, and dislocated the radius. Mr. Doidge reduced the latter, and applied splints for the treatment of the former injury; but the patient, being of an irritable and nervous temperament, could not bear the necessary confinement, and loosened the splints. The arm being disabled in consequence, an action for malpractice was brought, and resulted in a verdict for £162. As there can be no doubt that Mr. Doidge has been very hardly treated, and damaged both in reputation and pocket by the result of the former trial, we hope that the Court of Common Pleas will grant a new trial.

FEVER AT MILE-END.

THE account submitted to the guardians of Mile-end for the maintenance of patients in the Fever Hospital is greater than in any previous quarter, owing to the prevalence of fever in the hamlet. One of the relieving officers described his visit to an illustrative case. A man named Harris (a cabinet-maker), his wife, and five children, were found existing in one room. The father and mother were lying in one corner; the eldest girl, aged fourteen, was lying on the floor before the fireplace; and three other children were located on an old sofa. They were all suffering from fever, and the children had only an old shawl to cover them. Bed and bedding, blankets, rugs, bread, wine, and milk were at once supplied. The next day the father and three children were sent to the Fever Hospital, where the former has since died. The wife and children are at present improving, but it is obvious that they will burden the poor-rate for many years to come.

THE ISSUE OF BATTA IN INDIA.

THERE is probably no greater curse to the British army than the issue of batta, or money in the lump, to soldiers in India. It appears to us that the Government ought to devise some plan to prevent the grave evils attendant on the present system. A correspondent informs us that a Board was held recently in India on three men of the 26th Regiment who had become insane from the effects of drink; and that as many more had died from the same cause, and all the money which had been given for the Abyssinian campaign had not yet been expended. The men, we are told, will not place their money in a bank. Under such circumstances, the authorities would be justified, we think, in conferring on soldiers who had taken part in active service some ulterior advantages by way of pension or a deferred annuity, and in refusing to give to the men of a regiment a lump of money as batta, which, so far from conferring a benefit on them, is a sure way of inducing disease and of robbing the country of their services.

THE SCOTTISH UNIVERSITIES.

PROFESSOR PLAYFAIR and Mr. Swinton are now fairly left to contest for the representation of the Edinburgh and St. Andrews Universities in the future House of Commons. The former candidate has proved to Dr. Prosser James by the crucial test of numbers his own favourable position, and Dr. James has, in consequence, discontinued his candidature. Mr. Moncreiff is still prosecuting his canvass actively among the electors of the Universities of Glasgow and Aberdeen, and is, we are informed, very confident of success.

THE MARSHALL HALL MEMORIAL.

RARELY has a proposal to commemorate distinguished services to the science of our profession been more felicitously conceived or more effectively set on foot than that of the monument now in course of erection to the late Dr. Marshall Hall. The project has received the countenance of many distinguished men, while the profession at large, in such important and commercial centres as Newcastle and Liverpool, is manifesting a warm interest in the memorial to the distinguished neurologist. We are peculiarly gratified at this result, as the proposal first appeared in our columns, and has been welcomed with a unanimity so signal as to convince us that we have accurately interpreted the feelings of the profession.

DR. CHOWNE AND CHARING-CROSS HOSPITAL.

WE understand that Dr. Chowne has finally retired from all active work at Charing-cross Hospital, having resigned the Chair of Midwifery in the school, but retaining, of course, the post of consulting physician in its true signification. We are glad to be able to say that exception was taken to the retention by Dr. Chowne of any chair in the school after his asserted retirement from active work, upon principle, and from no particle of hostility towards him. It is true that he followed an old custom. The testimonial about to be presented to Dr. Chowne is the best evidence of the fact that his past labours on behalf of the school are not forgotten, and that he is personally regarded with esteem.

WORKHOUSE DISPENSERS.

AT the meeting of the guardians of the East London Union it was resolved, "That Dr. Clarke be required to dispense the medicines in the workhouse in accordance with the terms of his contract; and that notice be given to the nurses not to compound medicines, but confine their duties to the administration of the same to the patients when prepared by the medical officer." It would appear that the nurses have been in the habit of mixing the medicines for more than twelve years, and, thanks to the perfunctory manner in which Poor-law Inspectors perform their duty, the practice has neither been discovered nor exposed. The guardians are as much to blame as the doctors, when they pay salaries totally inadequate to the proper performance of the duty imposed. We are glad, however, to see that Mr. Walford, a member of the Board, proposed the remedy which has been almost universally adopted elsewhere—namely, to provide a dispenser, or raise the salary of the medical officer so that he might employ one. We trust this sensible proposal will be at once carried out.

THE CORONER AND THE LATE INQUEST AT ABERGELE.

WE are very glad to ascertain from the *Carnarvon and Denbigh Herald* that several leading men of the neighbourhood recently took an opportunity of expressing their confidence in the ability and integrity of the Coroner, and their warm approval of the urbanity and good feeling with which he conducted the late inquest at Abergele.

We congratulate Dr. Pierce on having succeeded in procuring the good opinion of those best qualified to judge of his conduct. He had to discharge his functions as coroner in the face of an opposition almost amounting to insolence, and he did not obtain anything like the credit which his determination and forbearance merited.

A YOUNG MOTHER.

OUR correspondent, Dr. King, of Rochford, Essex, has forwarded us a communication in which he states that he had recently attended the confinement of a girl under eleven years of age. The mother and infant were both well. Dr. King verified the fact by an inspection of the girl's register of birth. This is probably the youngest example on record, and we earnestly hope that it may continue to be so, for it manifests a depraved precocity which is truly lamentable in a Christian country.

WE understand that the Royal College of Physicians of Edinburgh, at a recent meeting, deprived Mr. Lima Abraham Lamert of his licence, and of all the rights and privileges appertaining thereunto. A similar step was taken by the Royal College of Surgeons last year; so that Lima Abraham Lamert, having been deprived of the two qualifications which entitled him to registration, his name will not again appear in the Medical Register.

THE annual meeting of the governors of Queen's College, Birmingham, was held on the 29th ult., when a very satisfactory report was presented. The new year has opened with a great promise of success, the theological and arts departments being well attended, and the medical department showing, in consequence of the amalgamation of the schools, a considerable increase in the number of its students. Twenty-nine new medical entries have been registered this session, and a total of eighty-five students are attending the medical classes—a number exceeded only by four of the eleven metropolitan schools.

MR. DIXON, who has been connected with the Royal London Ophthalmic Hospital, Moorfields, for the last twenty-five years, has resigned his appointment. At the meeting of the Board of Managers at the hospital, held on Tuesday, his resignation was accepted, and Mr. Streatfeild was elected to the vacant office. On account of the increasing number of patients, to accommodate whom a new wing will be opened in the ensuing spring, it was decided that two new appointments of surgeons should be made, and to these Mr. Hulke and Mr. Lawson were elected.

THE appointment of Lord Rector of the University is being discussed in Glasgow, the Lord Justice-General retiring this year. Lord Stanley has been nominated by the Conservative Club, and Mr. Lowe and Mr. Bright—the former having the preference—by the members of the Liberal Association. In addition to those of the above, the names of Tennyson, Mr. Ruskin, Dr. Macdonald, Mr. Moncreiff, M.P., Sir William Fergusson, and the Rev. Dr. Cairns have been mentioned in Edinburgh, according to the *Scotsman*, as suitable for the appointment.

THE Privy Council have, we understand, despatched Dr. Thorne Thorne to Dunstable and Luton to inquire into the sanitary state of those places, and particularly into the circumstances under which straw-plait, the staple manufacture of the locality, is carried on. The question of the fabrication of straw-plait in the plaiting schools, and the conditions under which the workers have to carry on their labour, have lately formed the subject of much comment in some of the local journals. We shall look for Dr. Thorne's report to throw some light upon the conditions attending this branch of industry.

WE gather from a return of medical officers admitted into the three presidencies of India from 1764 to 1838, and compiled by Dr. Francis, that during that time the number of medical men was 2140 in the 74 years; of these 890 had already died, making a percentage of 41·8 for the presidencies; 715 remained, whilst only 276 had retired. But 92 resigned, and 66 had been struck off the rolls, or cashiered, 12 had been lost sight of, 19 were lost in ships, 7 were killed, and 5 drowned. One lived to complete 46 years, one 45, one 44, two 42, and two 41 years of service.

THE 1521 deaths registered in London last week exceeded by just one hundred the previous week's return. Scarlatina was fatal to 109 persons, an increase of 4 over the number occurring in the week before. The mortality from diseases of the respiratory organs is increasing with the approach of winter; and phthisis during the last three weeks has caused an average of 190 deaths weekly.

WE are glad to learn that the accident to Dr. Kough, of Bagshot, whose melancholy case we alluded to last week, has not terminated fatally. Dr. Ward, of Chobham, who has been in constant attendance, informs us that Dr. Kough is now out of danger.

AT a meeting of the Royal College of Physicians, Edinburgh, held on the 3rd inst., Dr. Alex. Wood was unanimously

re-elected representative of the College to the Medical Council for a period of five years.

DR. JEAFFRESON'S Scholarship, of the value of £20, tenable for two years, has just been competed for at St. Bartholomew's Hospital by those students whose standing at the hospital is less than three months. It has been awarded to Mr. Abiathar Wall, late pupil of the Royal Medical College, Epsom.

STUDENTS' MEDICAL SOCIETIES.

THE Winter Session brings into activity a number of junior medical societies, whose usefulness and value to the students of their respective hospitals cannot be over-rated. Students' societies have a somewhat chequered existence, depending for their vitality very much upon accidental circumstances, and the presence in the medical school, of which each is an appendage, of a few ardent spirits who throw themselves into the work of writing and debating with a zeal which often brings them to the front ranks of the profession in after-life. Even the oldest of the students' medical societies have undergone various vicissitudes of fortune, and it is not surprising to find that some of the younger ones have from time to time utterly collapsed.

The oldest medical students' society is the Edinburgh Royal Medical, which was founded in 1735; but of the London hospital medical societies that of Guy's Hospital is the senior. The present Pupils' Physical Society of Guy's Hospital is the offspring and representative of the old "Physical Society of Guy's," which was established in 1771—that is to say, before the Medical Society of London. It was, therefore, the first society of the kind in London; and there is reason to believe that in a certain sense, and to some extent, it led to the establishment of the Medical Society. At any rate, several of the members of the Physical Society took active part in the origination of the Medical Society of London. All the distinguished men in former days associated with Guy's were members of the Physical Society, and many papers and discussions listened to at its meetings contained the germs of those doctrines and discoveries which afterwards made their authors famous. Vaccination appears to have been first publicly discussed at the Physical Society. (In Allen's Diary there is the following entry referring to a somewhat later date: "On Jan. 9, 1802, Joseph Fox invited me to meet Dr. Jenner, Astley Cooper, &c., at his house, and go from thence to the Physical Society at Guy's, a paper on Cow-pox being then before the Society.") The Guy's Hospital Pupils' Physical Society was founded in 1830, Mr. Cock being president. In 1836 that gentleman was elected honorary president, and rarely fails, we understand, to take the chair at the first and last meetings of each session.

The Middlesex Hospital Medical Society was instituted in the year 1774, the year after the Medical Society of London was established. The following appears in one of the old minute books of the hospital, quoted by Mr. Erasmus Wilson in his history of the Middlesex Hospital:—"That the students of the hospital who have formed themselves into a medical society might have the use of the physicians' room to meet in two nights a week, on condition that they should pay to the treasurer three guineas per quarter for the benefit of the charity." "The Court unanimously agreed to the proposal, provided the Society would be at the expense of their own candles." No information can be obtained of the Society—the old minute books having disappeared—until 1834, when it was re-established both as a teachers' and pupils' society; old pupils also attended the meetings. The members of the staff presided at the Society each in his turn. Papers were read by members of the staff, and students were also encouraged as much as possible to do so; but the plan did not succeed, and the Society, after an existence of two years, was broken up. Mr. De Morgan, then a student, first noticed the peculiarity that in fractured spine, with destruction of the cord, bone will not unite beneath the seat of fracture, and brought a case before the Society illustrating this fact. The next notice of the Society to be obtained is in 1850, when it was again re-established, but more as a students' society, the lecturers and members of the hospital staff being invited to attend as honorary members, and the president being, after the first three years, generally a junior member of the staff. The Society is in active existence at the present time, under the presidency of Dr. John Murray.

The Abernethian Society of St. Bartholomew's Hospital was founded on the ruins of the Medical and Philosophical Society of St. Bartholomew's, which was instituted by Mr. Abernethy in 1795, and, like the old Physical Society of Guy's, was not entirely a students' society. We learn from an excellent "Sketch of the Abernethian Society," by Mr. Rowland H. Coombs, in the last volume of the St. Bartholomew's Hospital Reports, that it was not until the fifth session (1799–1800) that the Society began to work regularly, and it then had six presidents, among whom were Abernethy and Macartney. Abernethy appears to have taken an active part in the business of the Society, and was always ready to narrate a case or start a subject if the discussion flagged. Vaccination, which was proposed by Jenner in 1798, appears to have formed a frequent subject of discussion here, as at Guy's. Up to 1801, the Society was not very flourishing, but when in this year Lawrence became secretary, a fresh spirit was infused into its management, and it soon became popular. Brodie was elected a member of the "Abernethian" in 1803, and in 1813 his paper on "Animal Heat" was read before it. The names of Vincent, Lloyd, Langstaff, and Henry Earle are found in the early records of the Society, and in 1809, the venerable John Haddy James, of Exeter, was secretary. Another surviving worthy—Mr. Joseph Hodgson—was elected in this year, and in this session the name of Edward Stanley first appears, and he became secretary in 1811. From 1815 to 1832, the records of the Society are wanting, but we are informed that in 1826, Mr. Richard Owen read two papers, one "On Encysted Calculus of the Urinary Bladder," and the other "A Case of Gluteal Aneurism with Ligature of the Internal Iliac." In 1830, in consequence of the illness of Mr. Abernethy, the meetings of the Medical and Philosophical Society were suspended, and in 1832 it was reorganised, under the name of "the Abernethian," under which title it has flourished up to the present time. Perhaps one of the most interesting historical events in connexion with the Abernethian Society was the discovery of the *Trichina spiralis*, by Mr. Paget, which is thus recorded:—"At a general meeting of the members of the Abernethian Society, held February 6th, 1835, Dr. Arthur Farre in the chair, Mr. James Paget (then a first year's student) favoured the Society by laying before it some drawings of a peculiar species of entozoon occurring in the human muscles" (*vide* THE LANCET, March 10th, 1866).

In the year 1832, the pupils of St. George's Hospital organised a society, which was called the St. George's Hospital Medical Society. Dr. Chambers and Mr. Keate were elected the first presidents. This Society continued its meetings during a period of seven years, until 1839, when it seems to have expired; after an interval, however, it sprang into life again for one year, 1842–43, and then ceased to exist. Nothing daunted by that which seemed to be a failure, but rather stimulated by the acknowledged usefulness of the former Society, a want having been felt for those opportunities for the interchange of thought on important professional topics which give an interest in the subject to those who are studying, the Society was again revived. Shedding its worn-out skin, it appeared in 1851 with all the glory of a new name, calling itself the Hunterian Society. It lived, however, only a few years; and, after an interval of two years, in 1856, the present Society was formed, and called the "St. George's Hospital

Medical Society." Since the foundation of the present Society, in 1856, two volumes of Transactions have been published for private circulation among the members.

The more recently founded medical schools have not been slow to imitate the example of their seniors in founding students' medical societies; thus the University College Medical Society was established in 1828, and flourishes at the present moment, offering its members the advantages both of a library and a collection of materia medica. The King's College Medical Society was founded in 1835, and the following reference to it, extracted from the *London Medical Gazette* of November 3rd, 1838, may be of interest:—"King's College Medical and Scientific Society, October 25th, 1838; Professor Arnott, president. The introductory address, by Mr. Bowman, the secretary, was devoted to a critical examination of the advantages offered by debating societies to the medical student in the more advanced stages of his education."

The St. Thomas's Hospital Medical Society dates from 1840, and appears to be in a vigorous condition. And at the London Hospital a medical society was founded in 1848, of a character similar to those formed elsewhere; but in 1853 the Society greatly enlarged its scope, and took the character of a debating society. It has been in abeyance for a few years, but is about to be reconstructed.

The Westminster Hospital, Charing-cross Hospital, and St. Mary's Hospital, have each within the last few years instituted students' medical societies, which have met with a fair amount of support.

In the early part of 1861, a movement was set on foot for the foundation of a "Junior Medical Society of London," to which we were glad to give our support, believing that it would be for the advantage of the medical schools, and of their students, that an intercommunication should take place between them. The Society was duly started, and promised well, the meetings taking place in rotation at the different hospitals. An unfortunate misunderstanding at one of the meetings led, however, to disagreements, and at the present moment the Society can hardly be said to exist; at least it has made no sign during the present session.

THE EPIDEMIC OF FEVER AT NORTH SHIELDS.

(FROM OUR SPECIAL CORRESPONDENT.)

THE outbreak of fever in North Shields still continues to extend, and is so remarkable both in its extent and its limitations as to be a most proper subject for close and crucial investigation at the hands of the Privy Council. There has been a discussion in the Town Council on the epidemic, in the course of which several interesting facts and some curious opinions transpired. A town councillor, Mr. Turnbull, said that he had been assured by a medical friend of his that, though medical men had been trying to ascertain the cause of this disease since the time of Aristotle, they really knew no more about it than that distinguished individual. I cannot answer for the learning of Mr. Turnbull's informant, but I have the conviction that a little investigation into the epidemic of North Shields will throw considerable light upon the etiology of the disease. I have nothing to add to the report of last week as to the nature of the disease. The specific typhoid character of it is more and more apparent. Many cases have all the characters of genuine typhoid. In many the eruption is copious and characteristic. In one I saw there was copious hæmorrhage from the intestine. Deafness is frequent, and diarrhœa occurs in almost every case at some stage or other, though it is not an invariable or a continuous symptom. A good proportion of the cases are mild, characterised by slight acceleration of the pulse, furred tongue, not a very high temperature, and a tendency to perspiration and sudamina. Consistently with this is a relapsing tendency in many of the cases. At the Town Council meeting it was said that there were probably 700 or 800 cases in the town, and this accords with my own observation of the number of affected houses in some of the streets, and of the existence of numerous cases in the same house. Dr. Peart informed me that he had 180 cases of fever on his list, and the experience of other medical men is similar.

The disease is still limited very much to the higher and better parts of North Shields, the lower parts by the river-side being almost entirely free. It is to be noted that the part of the town now affected with typhoid is just the part which suffered severely in the late epidemic of cholera. It has been already stated that the water-supply of the two parts of the town—the affected and the exempted—is different. There are significant indications that the cause of the disease will be ascertained to be either the defective supply of water or an actual excrementitious contamination of it, probably both. The testimony of a defective supply is ample. Mr. Bell, in the Town Council, said that in the high part of the town, in which he lived, they had the water on an average two days in the week, and about an hour each day; and that the water was bad. Dr. Peart, at a conference between the medical men of the town and a committee of the Council, mentioned the following significant fact:—In Loraine-terrace rain-water kept in lead cisterns is used by the inhabitants. They have been most extensively affected with symptoms of lead-poisoning. In one house in which these symptoms were very serious, Dr. Peart recommended them to get the town water; and in this house there are two cases of fever, though the rest of the terrace is free from the disease.

The Town Council had in the cholera time most serious proofs of the faults and defects of the water-supply, and then took steps to have the opinion of a distinguished engineer, but finally declined it, partly, it would seem, from an objection to pay his fee—some thirty or forty guineas. Now they have 800 cases of sickness in the town, and many deaths. It is to be hoped that a central authority will undertake an investigation into this outbreak. On the spot there are too many local interests affected to get an unbiased investigation. There can be little doubt that an inquiry into the water-supply and its possible contamination, in connexion with the recent outbreak of cholera and the present one of typhoid, will elicit most important facts, that will tend to elucidate still further the etiology of these diseases; though Mr. Turnbull may be assured that we know already a great deal more about this matter than Aristotle did. If the North Shields authorities had applied the knowledge already supplied by medical science, they would not have had such an epidemic to answer for as the present.

THE REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

THE Committee of the British Medical Association recently appointed at Oxford, with Dr. Edward Waters as its chairman, to take steps to obtain the direct representation of the profession in the Medical Council, has issued an address to the profession asking for united efforts to secure the attainment of the desired object. The remedy for the present unsatisfactory state of things is declared to be an amended Medical Act, which, "besides increasing and defining the powers of the Council, shall include as its most important provision the direct representation of the profession in the Council. If representatives of the profession are added to the Council in the proportion of one-fourth of the total number of members, the present proportion of Government nominees being likewise preserved, many of the existing clogs to the efficient action of the Council, due in considerable part to the balancing of the various interests, will be removed. The legitimate influence of the great educating and licensing bodies will still be maintained, but force, unity of direction and definite purpose, will replace the existing inadequacy of the action of the Council. And on these grounds the Committee of the Council urge upon the members of the Association to impress upon the candidates for Parliament and the members of the Legislature and Government, that, in order to secure the interests of the public and the welfare of the profession, any future Bill for the amendment of the Medical Act ought to include a clause for the direct representation of the profession in the Medical Council."

We shall make some observations on this important document next week.

PREVALENCE OF DISEASE DURING THE PAST SUMMER.

LAST week we summarised very briefly the main characteristics of the Registrar-General's Quarterly Return for the three months ending September 30th—the summer quarter, as it is officially designated; but the causes of the exceptionally high death-rate which stands out as the most strongly marked feature of the Return have so important a bearing on questions of preventive medicine that further space may profitably be devoted to an analysis of such facts as show what localities were specially unhealthy, and the nature of the prevailing diseases therein, so far as their fatality indicates prevalence. The Registrar-General has, unfortunately, no means beyond those afforded by the actual returns of death to enable him to tell us of the prevalence of disease which does not eventuate in death. That such information is greatly needed there can be no doubt; and it would be doing a wise thing if the Government were to authorise him to organise measures for obtaining that information.

And first, it must be remembered, that the summer quarter has been found from long experience to be the most healthy season—at any rate the season of least mortality—of all the year in England. During the thirty years which have passed since the registration of deaths was established, there have been only three instances in which the death-rate of the summer quarter was not lower than in either the March or June quarters; the exceptions occurring in 1846, 1849, and 1854. The rates for the completed three quarters of the present year stand thus in comparison with the standard average rates.

	Annual death-rate per 1000 living.		
	1838-67.		1868.
March Quarter	25·1	... ...	22·3
June ,, ...	22·3	... ...	20·4
September Quarter ...	20·5	... ...	23·9
December ,, ...	21·8	... ...	—

The deaths registered in the last summer amounted to 130,502. If the public health had been as good as it was in the first three months of the year, the deaths would have numbered only 120,900; and if as good as the ordinary summer average, they would have been 109,544: on the least favourable hypothesis 19,602 lives, on the most favourable 20,958 lives, would have been saved during the summer.

We gather from Mr. Glaisher's observations, that the weather during the quarter was remarkably fine and warm, the temperature of the air being almost constantly above the average, in July and the beginning of August very much so—in fact, nearly all through the present year the excess of air temperature has averaged from three to four degrees daily. During ninety-eight years the Greenwich records show no instance of so high a mean temperature in the September quarter as in the one last closed. The deficiency of rainfall in the quarter amounted to 2¼ in., which it is calculated is equivalent to 252 tons weight for every acre of area. Great heat and deficiency of rain are the two chief meteorological features of the quarter.

Let us now take a glance at the classified arrangement of localities adopted by the Registrar-General, and see how the facts stand as regards the different parts of the country.

DIVISIONS.	Annual death-rate per 1000 in Summer Quarters.		
	1866.	1867.	1868.
1. London	28·86	21·27	24·58
2. South-Eastern Counties ...	18·11	17·64	21·18
3. South Midland ,, ...	17·62	18·34	23·08
4. Eastern ,, ...	18·10	17·24	21·48
5. South-Western ,, ...	17·30	15·89	17·04
6. West Midland ,, ...	17·48	18·82	23·29
7. North Midland ,, ...	17·58	18·63	24·09
8. North-Western ,, ...	27·31	23·76	28·80
9. Yorkshire	22·03	22·65	27·99
10. Northern Counties	21·95	23·19	25·35
11. Monmouthshire and Wales	22·31	17·82	18·45

With the exception of Monmouthshire and Wales, every one of the above divisional groups of counties exhibits an increase of mortality as compared with the summer of 1867; and, with the exception of the same Welsh group, of London, and of the South-Western Counties, a higher rate than in the cholera summer of 1866.

In the *Metropolitan* division, out of an aggregate of 19,149 deaths, 3145 were caused by diarrhœa, 267 by cholera, 738 by scarlatina, 693 by fever, 431 by whooping-cough, 410 by measles, 119 by diphtheria, and 70 by small-pox. The wealthy Western districts and the extensive Southern districts of London were less healthy than they were in the summer either of 1866 or 1867; the Northern, Central, and Eastern districts were healthier than in the summer of 1866 when cholera prevailed, but less healthy than in the same quarter of last year.

In several localities of the *South-Eastern Counties* the deaths exceeded the births registered; as in Guildford, where the mortality was nearly double the average, and where scarlatina alone caused 43 out of 100 deaths. Diarrhœa was excessively fatal in the sub-districts of Chobham, Bexley, Dartford, Milton, Eastchurch, Rottingdean, Billingshurst, and Havant; diarrhœa, scarlatina, and fever, caused 14 out of 29 deaths in Cumnor sub-district. Scarlatina was very prevalent at Gravesend and Canterbury; measles at Southampton. Phthisis was the registered cause of 9 out of 19 deaths in the sub-district of Ticehurst.

In the *South Midland Counties* diarrhœa was the cause of one-third or more of the total mortality in the sub-districts of Brentford, Baldock, Ramsey, Warboys, Somersham, Potton, and Luton; in Peterborough, diarrhœa, measles, scarlatina, and fever caused 57 out of 132 deaths.

The borough of Yarmouth, in the *Eastern Counties*, experienced a death-rate of 34 per 1000 per annum during the quarter; out of 306 deaths, 88 resulted from diarrhœa, 12 from scarlatina, and 8 from fever. The same three diseases caused one-third of the total mortality in the sub-district of West Wymer (Norwich). At Barking Town and Thetford scarlatina was the cause of one-third of the deaths, and 13 deaths out of 27 in West Flegg resulted from diarrhœa and fever.

The lowest divisional death-rate is found in the *South-Western Counties:* scarlatina at Redruth and St. Ives, fever at Plympton and Tamar, measles at Penzance, and diarrhœa at Batheaston (Bathwick), caused an undue proportion of deaths. In the chief borough towns of Bath, Exeter, Devonport, and Plymouth the mortality ranged from 17 to 22 per 1000.

In the *West Midland Counties* the divisional mortality is dependent to a great extent on the health of its many large and important towns. Death-rates of 39, 33, 30, and 29 per 1000 occurred in Walsall, Wolverhampton, Birmingham, and Stoke-upon-Trent. Out of 2617 deaths registered in Birmingham, 821 resulted from diarrhœa, 215 from scarlatina, and 86 from fever. Diarrhœa, scarlatina, fever, and measles were prevalent and excessively fatal in many parts of the division.

Derby, Leicester, and Nottingham are three boroughs in the *North Midland Counties* which suffered death-rates of 33, 35, and 37 per 1000 in the last summer. No less than 330 out of 785 deaths in Leicester were caused by diarrhœa alone. In Derby, out of 478 deaths, 92 resulted from diarrhœa, 75 from scarlatina, and 13 from measles. Diarrhœa was also excessively fatal at Lincoln, Radford, and Nottingham.

In the *North-Western Counties* of Chester and Lancaster we meet with the highest divisional mortality. Seven of the largest towns have death-rates of 30 per 1000 and upwards—viz., Wigan 39, Manchester 38, Salford 36, Stockport 34, Preston 33, Liverpool 32, and Macclesfield 30. Diarrhœa, scarlatina, and fever abounded throughout the division; the former of these in frequent instances causing (what seems to have been a very common ratio this summer) one-third of the gross mortality. From these three diseases, 1136 out of 4021 deaths occurred in Liverpool, 162 out of 426 in Wigan, 450 out of 1051 in Salford, 1408 out of 3457 in Manchester, and 269 out of 784 in Preston.

Yorkshire has, in addition to the maladies just referred to, been severely visited in some of its districts by small-pox, chiefly in the West and East Ridings. With less than a twelfth of the population, the borough of Sheffield has lost during the summer nearly twice as many lives as the metropolis from this disease. In the sub-district of Yeadon (Wharfedale) the incredible proportion of 24 (10 adults and 14 children) out of 73 deaths is ascribed to small-pox; in the borough of Bradford, 31 out of 1028; in the Myton sub-district of Hull, 22 out of 387; and in the Drypool sub-district

of Sculcoates, 8 out of 102. Four zymotic diseases alone account for half of the gross mortality in Darfield and Beverley sub-districts; for one-third in the boroughs of Bradford, Leeds, and Sheffield, and in the sub-districts of Sandal, Goole, Myton, Drypool, West Sculcoates, Scarborough, and Kirkleatham.

In the *Northern Counties*—Tynemouth, Sunderland, Newcastle, Gateshead, and South Shields experienced rates of mortality ranging from 26 to 31 per 1000. The most fatal diseases were diarrhœa, scarlatina, and fever, of which the second had the pre-eminence in fatality. Scarlatina alone caused one-fifth and upwards of the gross mortality in Easington, Hetton-le-Hole, Winlaton, Earsdon, Bywell, Morpeth, Maryport, and Milnthorpe.

Although the *Welsh* group of counties was, by comparison, healthy during the quarter, exceptional instances to the contrary are to be met with—as in Holywell, where 18 deaths out of 64 were caused by scarlatina; in Wrexham 49 out of 160, and in Bala 9 out of 31 deaths were due to the same disease. One-half of the deaths in Newport were of children not above two years old, who succumbed principally to diarrhœa, whooping-cough, and measles.

LAYING THE FOUNDATION-STONE OF THE FIRST METROPOLITAN DISTRICT ASYLUM, AT LEAVESDEN.

THE ceremony of laying the foundation-stone of the first Asylum for Pauper Imbeciles took place on Saturday last, in the presence of the Earl of Devon, the Earl of Verulam, the Bishop of Rochester, and a large assemblage of the managers and their friends. Dr. Brewer, the Chairman of the Asylum Board, officiated, the Bishop and clergy assisting in the religious portion of the ceremony.

The site is charmingly though somewhat inconveniently situated, about four miles from Watford, and one and a half from King's Langley station, on the London and North-Western Railway. The nature of the site is all that is desirable in a sanitary point of view, and the arrangement of the various pavilions is such as to secure most efficient ventilation of the whole; whilst there is sufficient extent of ground, in all seventy-six acres, on which to set those who are able on garden work, and ensure an abundant supply of vegetable food.

The south front is to be occupied by the medical and official department, the centre by the stores, the extreme north by the laundry and engineer departments, whilst in the centre are the kitchens and administrative offices. From this corridors 10 ft. wide branch out to the male and female sides, which contain workrooms suitable to the respective sexes. There will be means for cooking for 2000 persons, an ample supply of water, a tank for storage in case of fire, a perfect system of drainage, the refuse being utilised upon the garden ground.

Each block consists of a day room, 105 ft. long, 36 ft. wide, and 14 ft. high, with cheerful-looking bay windows at the end. Connected immediately therewith are nurses' departments, lavatories, bath rooms, and scullery, and above the whole are dormitories and separation rooms, for which the means of ventilation and other conveniences are said to be complete. The contract for the building is £83,900, and when furnished the cost is estimated at £128,000. The total accommodation is for 860 females in six pavilions, and 700 males in five. We must refer our readers to the daily journals for a full report of the interesting speeches delivered on the occasion; but we cannot conclude our short notice without referring with satisfaction to the history which has led to the establishment of this much-needed institution. For years past, indeed since the establishment of workhouses, the unfortunate imbecile class has suffered the cruelty of being shut up in gloomy workhouse wards, fed with the hard diet of the ordinary inmates, and consigned to the tender mercies of pauper helpers. Guardians have treated them as persons to be tolerated, and kept alive at the least possible expense. Clergymen like the Bishop of Rochester have felt that they were a misery to themselves and a nuisance to others, especially when engaged in religious exercises, and have been silent observers of their state. All the facts have been patent to the Poor-law Board, and yet, until the appearance of the startling descriptions of our Commissioners, not a step was taken to ameliorate their state. We hail with satisfaction the commencement of this important work, which we regard as an evidence of a change of opinion as respects the public treatment of the poor, and as an advance on the part of political economists, who now acknowledge that their office is to point out how the wealth of the country may be best expended for the welfare not only of the class which possesses it, but of the whole community.

Correspondence.

"Audi alteram partem."

THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—THE LANCET has ever stood pre-eminent as the *avant courrier* of all medical reforms; and I do hope that you will help us with your powerful aid in redressing those grievances we have so long silently borne, through the conduct of the Council of the Royal College of Surgeons persistently refusing to accord to the Fellows and Members their just and equitable rights.

In July last, at the election of members of the Council, I addressed a letter to the president, asking to be allowed to bring on a discussion relative to the merits and eligibility of the several candidates. The president, however, declined to allow of any discussion, and at the same time refused the use of a room in the College for any such purpose.

In a "leader" at the time you noticed this little "episode," and took objection to the president's ruling; and considered "that Mr. Hilton exceeded his duty in stifling all discussion as to the merits of the rival candidates." It is clear that the president attempted to seek shelter under section 18 of the bye-laws of the College: an unfortunate retreat, for it distinctly states that "no business whatever shall be transacted, nor any matter be discussed or *debated*, at any meeting or assemblage convened by, or under the authority of, the president or Council, other than the *particular business* or matter in respect of which such meeting or assemblage shall have been convened."

My object in addressing the president and desiring to speak was relative to the "*particular business*" *of that meeting*. And, with every respect for the authorities of the College and their legal adviser, I have no hesitation in stating that it was not only illegal, but most uncourteous towards Dr. Wiblin and myself to silence us with such feeble excuses. The fact is that the matter cannot be allowed to rest here; it is impossible to "rest and be thankful." The Fellows and Members must assert their rights—firmly, but courteously. And I have undertaken the self-imposed task of opening the campaign, and hope to receive the support of the Fellows and Members in endeavouring to obtain a redress of those grievances of which we have so long complained. No other corporate body presents such an anomaly—an elected Council, who conduct their proceedings with closed doors, and who refuse to acknowledge their constituents, except once a year, by legal compulsion when their services are required to again place them in their secret chamber.

The remark is often made, and indeed it is to me most unaccountable, How is it, after so many years of an elected and movable Council, that a more liberal construction has not been put upon the Charter of 1843? and it is the more surprising when we remember that more than one-half of the present Council were elected under a pledge, either from themselves or through their friends, that they would advocate a more liberal policy; and, again, how is it that, when even a retiring member seeks re-election, not a word is said or a sign made as to what he has done, or what he intends to do?—to such an absurd condition have the whole executive of the College come. Now my desire was, at the last meeting in July, in the presence of the Fellows, who were in large numbers, to have asked the several candidates their views with regard to the management of the College, and their action for the future. This is only just and fair towards those who send them as their representatives. And this we shall never accomplish until the Council allow us to do that which they have ample power to do (and we ought not to be placed in the position of suppliants when, I maintain, we have a right), to hold meetings periodically to discuss all matters relative to the affairs of the College and its welfare. A noble example is set the Council by the College of Physicians, who hold their meetings regularly for that purpose.

To sum up the grievances which we require redressing:—

1. The right of reporters to be present at the meetings of Council.

2. The removal of the remaining objectionable restrictions, which prevent Fellows being members of the Council.

3. The power for Fellows to summon by requisition a meeting of Fellows and Members at the College, for the purpose of discussing matters of public policy in connexion with the institution.

The College is not the exclusive property of the Council, but belongs to the Fellows and Members.

It is my intention to address a letter to the president relative to this subject, with a request that he will lay it before the next meeting of Council; and in the meantime I shall be glad if Fellows and Members willing to assist me in obtaining the above concessions will at once communicate with me.

I am, Sir, your obedient servant,

Spalding, Nov. 2, 1868. EDWIN MORRIS, M.D., F.R.C.S.

LONGEVITY.

To the Editor of THE LANCET.

SIR,—I am stimulated by the remarks of Dr. Dickinson on Longevity, in your last number, to make a short reply upon the two points of his letter. First, as to the reputed ages of his patriarchs there is much to be questioned. Secondly, as to the way in which Dr. Dickinson handles the matter of longevity I should like to say a good deal more also.

First. My friend Dr. Dickinson, than whom no one has a more accurate sense of the value of evidence, yet in this instance seems to speak unwarily. There is as much evidence for the reputed ages of Jacob and Methuselah as for those of Jenkins, Parr, Agnes Skuner, and the rest. None of these cases will bear any searching investigation; that is, I mean, if disbelieved, as I disbelieve them, on general grounds, there is no sufficient counterproof from the particulars to support any special instance. The mind of old people becomes as generative of myth as the mind of children, and is, moreover, not merely mythopoietic in itself, but, like Falstaff in his wit, is the cause of myth in others. All centenarian stories are found to coexist in time or place with defective registers; and the memories of old people and their gossips are really of no value as testimony. I think it not only possible, but probable, that a few persons have reached the term of their century; but if Dr. Dickinson tries, as I have done, to prove it in particular instances, he will assuredly fail. I lately examined a man for an Insurance Company who deposed to the ages of several members of his family as being over or about one hundred years, and he stated the fact as a notorious one in his district. I found he was speaking truthfully in a subjective sense, but he has been unable to bring me any sufficient objective facts in support of his belief. It is clear that when a person passes fourscore years he has outlived all the control of witnesses, and may imagine, or have imagined for him, any age he likes; and old people do enjoy being very old.

But I must hasten on to my second point. Dr. Dickinson says, "few men die of old age." Now, setting apart accidents from without, it would seem to me more true to say that all men die of old age. And this I say, not seeking after any paradox or idle ingenuity, but as desirous of opposing the too common notion—the notion encouraged by Flourens—that there is a certain *ideal term* to which man's life ought to attain if not "cut off" by accident within or without. It is very hard for us to cast off our old clothes, and we all have so long swaddled our ignorance in phrases taken from the idealist schools that we find it hard to strip our limbs. Even Dr. Dickinson seems to me here to be walking somewhat slipshod. Life is not an organism alone, nor a medium alone, but it is a certain play between the two; and I need not be careful to admit that the more complex the relation between the two, the greater will be the *average* work done in the given group of organisms. But human germs do not set out like cannon balls, calculated for a certain range. The germ may rather be looked upon as capable of spinning a certain network out of itself, and with the material it finds; and, external chances apart, it spins such a web as it may, and in such and such a time as it may, and there is an end. "Pathology" is a mere word of convenience; and, convenient as it is, I often think we should be better without it; at any rate we might do well to leave it off for one day a week, as Dr. Druitt recommends the artisan to do with his beer. It is *physiology* which fills our museums; there we see how men have ripened each one in his own way, not how he "has succumbed" to an enemy. In answer, then, to the question, "What are the definite and material changes which occur as the result simply of age?" I reply, while standing with Dr. Dickinson in the beautiful new museum of St. George's, Look around,—"πολλῶν ἀνομάτων μορφὴ μία." Exclude all injuries from without, and the rest are "the results simply of age." Our mistake lies in confounding an *average* with a *generalisation*,—two very different things. The average age of mankind is measured by a certain number of revolutions of the earth, but the age of any particular man, though of course noted on the average system, is, physiologically, the amount and kind of tissue change he has gone through; so that to the physiologist no two men of forty are of the same age. The fountain of life rises, crests, and falls in different degrees for us all, and if, to return to the old metaphor, the web often seems coarsely and rudely unravelled, it is because it has been done in haste; but it is none the less unravelled because it has been done uniformly, secretly, and silently. When Dr. Dickinson, therefore, puts his question in the form of an analogy which I think is misleading,—when he asks, "What stops the machine?" I begin to think that he is too able and too influential a physician not to be contradicted promptly.

I am sure he will hold me excused, and I hope, Sir, that you will also.

I am, Sir, your obedient servant,

Leeds, Nov. 1, 1868. T. CLIFFORD ALLBUTT.

THE ELASTIC PESSARY.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to a paper, with an engraving, by Dr. Murray, of Newcastle, in last week's LANCET, on an Elastic Pessary, which is identical in principle with one which my friend and colleague, Dr. Protheroe Smith, has had in use with considerable success some twenty years, and which I have myself used with great satisfaction for more than a dozen years. Dr. P. Smith wrote a paper on the subject, which was read at the meeting of the British Medical Association at Oxford this year, where the pessary was exhibited. It has a great advantage also, I think, over the one proposed by Dr. Murray, inasmuch as it is moulded in gutta-percha, without any wire, and derives its spring from the natural elasticity of that substance, and can give rise therefore to no danger from any piece of wire protruding through its covering.

As Dr. Smith is now on the continent, will you kindly insert this note from me.—I remain, Sir, your obedient servant,

Harley-street, Cavendish-square, Nov. 4th, 1868. JOHN SCOTT.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

THE Medical School inaugurated its session by an introductory address from Dr. Simpson, which has since been published in the form of a pamphlet. It contains, as is usual in addresses of this kind, some excellent advice to students, and it may be said that Dr. Simpson has handled an already hackneyed subject in a very creditable manner.

The death-rate of our city still continues high, and has formed the subject of an excellent report by our officer of health to the City Council. He remarks that diarrhœa has been very prevalent this year, and has been attended by a proportionally greater mortality than during any similar period for the last thirty years. The number of deaths in the district from this cause during the 39 weeks from the 1st of January last was 989, whilst that for the whole of 1866 was 621; for 1865, 757; for 1864, 417; for 1863, 492; for 1862, 310; for 1861, 645. Mr. Leigh also draws attention to the fact that there is a large amount of fever in the city, chiefly supervening on the diarrhœa. "Fever," he remarks, "generally succeeds to it, from the fact of people being much reduced in health and strength by it, and ready to succumb to the deleterious influences around them. Of these influences I must again refer to those resulting from the state of the ashpits and privies at the backs of the houses, which may at a comparatively trifling cost, when the object to be attained is considered, be materially improved."

The scheme for the erection of new buildings for the Owens College is progressing, nearly £90,000 being already available for the purpose. Some hope is entertained that the medical school will be absorbed in the College, and several medical

men have publicly advocated the proposed amalgamation; but as the new College will be a mile and a third from the centre of the city and the Royal Infirmary, and still further from some of the other hospitals, nearly a mile from one railway station, two-thirds of a mile from another, and a mile and two-thirds from a third,—has it never occurred to the promoters of this scheme that these would form great obstacles to the easy access of students to the lectures, many of whom come from the country, and whose time and convenience deserve consideration. I hope to return to this subject.

Manchester, Nov. 5, 1868.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE epidemic of fever at Bootle still lingers there. The area of its pestilential influence has considerably lessened, and Waterloo, Litherland, and Seaforth are now comparatively free from the disease, but some of the small and crowded streets of Bootle are much infected. In one small street called Prince's-terrace, off Derby-road, consisting of about twenty houses, there have been ten cases of fever and one death lately. Thus is illustrated the power of accumulated filth and refuse to harbour and fertilise the disease long after its widely scattered influence has been checked. The street named is notorious in the neighbourhood for its filthy condition. Another case of diphtheria in an adult, coming on when he was recovering from the fever, proved fatal last week. The deaths in Liverpool continue below the average of the last ten years. Still there has been an increased mortality during the past few weeks; the increase has occurred chiefly in typhus and in lung diseases. The deaths from the former have been slowly creeping up for some weeks. Thirty-one succumbed to typhus last week, whilst 101 fell victims to various forms of lung disease. The increase in the latter is not greater than has been observed for several years at this season.

About a fortnight ago, the second volume of the Liverpool Medical and Surgical Reports was issued. The contributions, seventeen in all, emanate entirely from Liverpool medical men, and treat on a few of the most practical subjects in medicine and surgery. Great credit is due to the editors, Mr. Harrison and Dr. Roberts, for the excellent way in which the volume is got up.

Liverpool, Nov. 5, 1868.

Obituary.

ALDERMAN PARTRIDGE, ESQ., F.R.C.S.

THIS well-known and highly respected practitioner died at Colchester on October 24th. He was a student of St. Thomas's Hospital, and having become a member of the College of Surgeons in 1813, he commenced practice at Colchester, and carried it on with the greatest success until the last two years, when his health failed. Mr. Partridge was elected one of the surgeons to the Essex and Colchester Hospital at its foundation; and, having been senior surgeon for many years, retired in 1861, and was then made consulting surgeon. He was a bold and successful operator, especially in lithotomy, and had probably the largest consulting practice in the county. Mr. Partridge became an Honorary Fellow of the College of Surgeons in 1843, and was a Member of the Apothecaries' Company.

To the student of medical history Mr. Partridge's name will be familiar in connexion with the celebrated trial of Cooper *v.* Wakley, in which the late Mr. Bransby Cooper impugned the account of an unsuccessful operation for stone which appeared in the columns of THE LANCET. Mr. Wakley on that occasion conducted his own defence, and was fortunately able to produce Mr. Partridge, who had been present on the occasion, as a witness in his favour. The bold and decided manner in which that gentleman corroborated the statement which had been put forth materially influenced the decision of the jury.

PATENT MEDICINES.—Stamp duty was paid in the year ending March, 1868, on no less than 8,060,754 packets, boxes, &c., of medicines selling at 1*s.* or more. The tax produced £62,556.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 29th ult., the following gentlemen, having undergone the necessary examinations, were duly admitted Members of the College:—

Dickson, John Thompson, M.B. Cantab., Harley-street.
Heyn, Julius C. W., M.D. Heidelberg, The Hague.
Potter, John Baptiste, M.D. Edin., Hertford-street, Mayfair.
Stocker, John Sherwood, M.D. Lond., Montagu-square.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 29th:—

Booth, Edward Johnson Hardy, Huddersfield.
Fox, James Thornley, Millman-street, Mecklenburgh-square.
Higgins, Charles, Hambledon, Hants.
Smith, Thomas, Crawley, Sussex.
Stevens, George, Nayland, Suffolk.

The following gentlemen also on the same day passed their first examination:—

R. B. Anderson, St. Mary's Hospital; J. E. B. Burroughs, Guy's Hospital; H. E. Haynes, St. Bartholomew's Hospital; G. H. Pedler, King's College.

At the recent examination for the prizes in Materia Medica and Pharmaceutical Chemistry, given annually to medical students by the Society of Apothecaries, the successful candidates were—1. Herbert Alder Smith, of St. Bartholomew's Hospital: a gold medal. 2. Richard Benjamin Anderson, of St. Mary's Hospital: a silver medal and a book.

THE VERDICT AGAINST A SURGEON.—One of the jury at the inquest on the body of Louisa Thomas requests us (*The Times*) to state that the verdict given by him and the other jurymen was not one of wilful murder. They all agreed that the deceased died from disease of the heart, accelerated by John Powell, the surgeon, attempting to procure abortion; but they found no other verdict than this.

EXTENSIVE alterations in the Newark Hospital are in contemplation, with the view of rendering it more efficient than its limited space allows at present.

PRESENTATION TO DR. J. R. WOLFE.—A gratifying instance of the recognition of professional merit reaches us from Aberdeen. Dr. J. R. Wolfe, who has for the last six years devoted himself to the practice of ophthalmic surgery in Aberdeen, and who has held the offices of Ophthalmic Surgeon in the Aberdeen Royal Infirmary, and of Surgeon to the Ophthalmic Institution in the same city, is about to enter upon a wider field of operation at Glasgow; and the occasion of his departure has been taken to present him with a handsome timepiece set on a pedestal of red polished granite, and an elegant silver salver, each bearing the inscription—"Presented to J. R. Wolfe, Esq., M.D., F.R.C.S.E., by his friends in Aberdeen, in token of esteem, on the occasion of his leaving for Glasgow." These testimonials were handed to Dr. Wolfe at a public meeting held for that purpose on Saturday last by Dr. G. G. Brown, President of the Aberdeen Medico-Chirurgical Society, who in an excellent speech eulogised both the professional and private character of Dr. Wolfe, and wished him in the name of all present every possible success in his future career.

UNQUALIFIED MEDICAL PRACTITIONER.—At the Hundred-house Petty Sessions, Worcestershire, on Thursday, Oct. 29th, Mr. Wm. Whalley, of Clows-top, was charged by Mrs. Johnson, of Foxley, under the Medical Practitioners Act of 1858, with having unlawfully and wilfully taken and used the name or title of Doctor of Medicine, implying that he was registered under that Act. Evidence was taken at length, and ultimately defendant was fined £5 with costs.

A CORONER'S INQUIRY has taken place in the Wrexham district in consequence of the death of a patient under chloroform for an operation for fistula. The evidence of the two medical men, Messrs. Griffith and Jones, who were jointly concerned in the operation, most completely satisfied the jury that no blame whatever attached to them, the verdict being that "the deceased died from the effects of chloroform properly administered."

DEATH OF PROFESSOR GRIESINGER.—The Faculty of Medicine of Berlin has just lost one of its most distinguished members, Dr. Griesinger, whose works on forensic medicine, and several other subjects, had placed him in the first rank among the physicians of the day. The deceased is much regretted.

DR. LUSH, of Salisbury, is a candidate for the representation of that city in Parliament. Dr. Lush is a well-known member of our profession. He enjoys a distinguished position in his town, having filled the highest administrative office. By his general acquirements he is eminently fitted for the honour to which he aspires, and his professional attainments would enable him, we are confident, to render good service to the cause of medical science in the reformed House of Commons.

MEDICAL APPOINTMENTS.

ADRIEN, J. W., L.K.Q.C.P.I., has been appointed Medical Officer for the Workhouse and Fever Hospital of the Drogheda Union, Co. Louth, vice R. Kelly, M.B., deceased.

ANDERSON, W., L.R.C.P.L., M.R.C.S.E., L.S.A., late House-Surgeon at St. Thomas's Hospital, has been appointed House-Surgeon to the Derbyshire General Infirmary.

ASH, V., M.B., L.R.C.P.L., has been elected Medical Officer to the Royal Cornwall Infirmary, Truro.

BUCK, R., L.R.C.P., M.R.C.S.E., has been appointed Public Vaccinator for the Inkberrow district of the Alcester Union, vice J. W. Leacroft.

BURKE, M. J., M.D., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Kiltamagh and Bohola Dispensary District of the Swinford Union, Co. Mayo, vice Patrick B. Reynolds, L.K.Q.C.P.I., resigned.

CARDELL, G., M.R.C.S.E., has been appointed Medical Officer for the Wincanton East District and the Workhouse of the Wincanton Union, Somersetshire, vice J. J. Luce, M.D.

CLARKSON, Dr., House-Surgeon to the Morpeth Dispensary, has been appointed Medical Officer of Health for Morpeth.

CRAN, A., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Corse District of the Parish of Coull, Aberdeenshire, vice W. R. Watson, L.R.C.S.Ed., appointed to the Parish of Kirkmabreck.

FIELDING, T., M.D., C.M., L.S.A., has been appointed Medical Officer to No. 3 District of the Blandford Union, vice John Ewens, L.R.C.P., L.R.C.S.Ed., L.S.A.

HALLOWES, A. H. B., M.R.C.S.E., has been appointed House-Surgeon to the Kent County Ophthalmic Hospital, Maidstone, vice A. H. Morrill, M.R.C.S.E., resigned.

HARDY, N., M.R.C.S.E., has been appointed Honorary District Surgeon to the Royal South London Dispensary.

HART, W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Resident Medical Officer to the Kilburn, Maida-vale, and St. John's-wood General Dispensary, vice G. E. Shuttleworth, M.R.C.S.E., appointed Assistant Medical Officer to the Asylum for Idiots, Earlswood.

HENSLEY, H., M.D., has been elected a Physician to the Mineral-Water Hospital, Bath, vice J. Tunstall, M.D., resigned from ill-health.

HOYLE, R. C., L.R.C.P.Ed., has been appointed Medical Officer for the Buckland District of the Bideford Union, Devon, vice J. Thompson, M.D.

JEAFFRESSON, C., M.R.C.S.E., has been appointed Surgical Registrar to the Westminster Hospital.

JONES, J. E., M.D., M.R.C.S.E., L.S.A., L.M., has been appointed Surgeon to the Merioneth County Gaol at Dolgelly, vice Wm. Williams, F.R.C.S., deceased.

KEITH, A. D., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Aboyne, Aberdeenshire, vice W. R. Watson, L.R.C.S.Ed., appointed to the Parish of Kirkmabreck.

KELLY, Mr. T. J., has been appointed Dispenser to the Dundalk District Dispensary, Co. Louth.

LEONARD, Dr. W., has been appointed Resident Medical Officer to St. Mary's Hospital, Manchester, vice F. Orton, M.D., resigned.

M'DONNELL, C., L.R.C.P.Ed., has been appointed Medical Officer to the Glin Workhouse and the Tarbert Dispensary District No. 2 of the Glin Union, Co. Limerick, and Registrar of Births, Marriages, and Deaths for said District, vice J. C. Hayes, M.D., resigned.

MACNAMARA, J., M.R.C.S.E., has been appointed Public Vaccinator for No. 2 District of the Mansfield Union, Notts, vice W. Whitehead, F.R.C.S.Ed., resigned.

NEWETT, R. H., L.R.C.P.Ed., has been appointed Medical Officer for the Ballygomartin Dispensary District of the Belfast Union.

ROGERS, H. C., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Newport-Pagnel Union, Bucks, vice William Heygate, M.R.C.S.E., resigned.

SWINSON, G. N., L.R.C.P.Ed., has been appointed Medical Officer for District No. 8 of the Newport-Pagnel Union, Bucks, vice Godfrey, resigned.

TAYLOR, J., L.R.C.P.L., M.R.C.S.E., has been appointed Honorary Surgeon to the Chester General Infirmary, vice Thomas Brittain, F.R.C.S.E., resigned.

WATERS, Dr. A. J. G., has been appointed Medical Officer and Public Vaccinator for the Ombersley District of the Droitwich Union, Worcestershire, vice C. E. Busigny, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 27th ult., at Barnes, Surrey, the wife of James Adams, M.D., of a son.

ATKIN.—On the 23rd ult., at Oldcastle, Co. Meath, the wife of James Atkin, L.K.Q.C.P.I., of a son.

AUSTIN.—On the 27th ult., at Lingfield, East Grinstead, the wife of Sydney C. Austin, Surgeon, of a daughter.

DE LA GARDE.—On the 23rd ult., at Exeter, the wife of John L. De la Garde, M.B., of a son.

SAVAGE.—On the 24th ult., the wife of T. Savage, M.D., of Bordesley, Birmingham, of a daughter.

SCOTT.—On the 22nd ult., at Milton-bank, Dunoon, Argyleshire, the wife of David Scott, M.D., of a daughter.

MARRIAGES.

AVELING—HARFORD.—On the 21st ult., at Kingsland Congregational Church, Charles Taylor Aveling, M.R.C.S., of Homerton, to Annie, second daughter of James Harford, Esq., of Watford.—No Cards.

COOKE—LOWE.—On the 28th ult., at Stamford, John Cooke, M.B., of Tettenhall, Wolverhampton, to Emily, daughter of C. Lowe, Esq.

GROVES—SEARS.—On the 29th ult., at Dartford Church, Edward Groves, L.R.C.P., M.R.C.S., L.M., late House-Surgeon at St. Bartholomew's Hospital, to Isabel Ann, youngest daughter of the late T. H. Sears, Esq., of Fulwich House, Dartford, Kent.—No Cards.

MOORE—FISHER.—On the 29th ult., at the Church of the Holy Innocents, Myrtle-street, Liverpool, Thomas Moore, M.R.C.S., &c., of Hazel-grove, to Mary Ellen Whiteside, youngest daughter of the late R. Fisher, Esq., of Liverpool.

DEATHS.

O'BRIEN.—On the 18th ult., at Fermoy, Henry O'Brien, M.D., of Kylebeg.

SHEPPARD.—On the 5th ult., at New York, suddenly, while engaged in professional duty, Dr. J. W. Sheppard, son of Dr. J. H. Sheppard, of Abbeyleix, Queen's County.

STEWART.—On the 24th ult., at Edinburgh, Archibald Stewart, L.R.C.S.Ed., Inspector-General of Hospitals.

SWAINE.—On the 1st inst., at St. Leonard's-place, York, W. E. Swaine, M.D., F.R.C.S., aged 64.

WILSON.—On the 23rd ult., at Cheltenham, Andrew Wilson, late Inspector-General of Hospitals, Bengal Service, aged 66.

YOUNG.—On the 23rd of September, Edward Newell Young, of the Ship "Baring," eldest son of Dr. Edward Young, of Salisbury, Wilts, aged 19.

BOOKS ETC. RECEIVED.

Dr. Eustace Smith on Wasting Diseases of Infants.
St. Bartholomew's Hospital Reports.
Dr. Wood's Notes on Metals.
Goodsir's Memoirs. Edited by Dr. W. Turner.
Mr. Worthington on Bathing; its Uses and Advantages, showing when and how to Bathe.
Dr. G. W. Balfour on the Treatment of Aneurism by Iodide of Potassium.
Mr. Holden's Illustrated Anatomy.
Mr. J. Gay on Varicose Diseases.
Practitioner. Edited by Dr. Anstie.
&c. &c. &c.

Medical Diary of the Week.

Monday, Nov. 9.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Wm. Adams: "A New Operation for the Removal of Contractions produced by the Cicatrices of Burns."—Dr. Maudsley: "Concerning Aphasia."

Tuesday, Nov. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Henry Lee, "On Excision of the Larger Joints." — Prof. Humphry, "On Excision of the Knee."

Wednesday, Nov. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, Nov. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Nov. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Bristowe, "On the Treatment of Ascites by Tonics." — Mr. C. Heath, "On a Case of Subclavian Aneurism, under Treatment."—Mr. Maunder, "On Tying the Femoral Artery for Inflammation of the Knee-joint." (Case by Mr. Little.)

Saturday, Nov. 14.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

THE FEVER AND SMALL-POX HOSPITAL AT HAMPSTEAD.

WE have been favoured with a view of the prize plans for the proposed Fever Hospital at Hampstead. It would appear that the site is not very favourable, as not only is the shape irregular, but there is the very considerable fall of 58 feet in the length. The first prize is obtained by Mr. Pennington, who has made little or no attempt to correct the level ground, and whose connecting corridors are therefore on a slope. Mr. Fowler, who has obtained the second prize, has raised one end of the building by a terrace, and has also taken off a certain portion of the higher ground—a plan which, whilst it obviates one difficulty, makes another in the increased expense. In both plans the administrative blocks are placed in the centre, and the male and female pavilions on either side. Although the arrangement of the wards and the offices immediately connected with them is excellent in both plans, we confess to a preference for that of Mr. Fowler—because the nurses' room is placed between the fever ward and day-room, so that she can supervise the inmates of both; the air of the day-room is also by this intervention completely separated from that of the ward itself—an arrangement greatly calculated to prevent relapses. We also prefer open corridors to closed ones, especially when the object is to prevent contagion. The selection of these plans ought to have been left to a joint committee of architects and physicians, as was proposed by the Editor of the *Builder*, since we believe such a tribunal would have been more satisfactory to competing architects, as well as to those who have to pay.

Lex is entitled to a fee. Apply to the magistrate before whom the case was heard.

An Anti-Tobacconist has omitted to authenticate his communication.

THE NEW BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—Dr. Althaus's "Plea for Phosphorus" is very well timed. The authors of the British Pharmacopœia have undoubtedly erred in giving much too limited a choice of officinal remedies to the medical man. What they have given, however, are, on the whole, admirably set forth; and much was done when a single Pharmacopœia for the three kingdoms was achieved, even at the cost of a rather restricted list of the materia medica. I quite sympathise with Dr. Althaus in the "frequent disappointment" that may occur to him in not getting his prescriptions compounded with a proper solution of phosphorus; but such disappointment does not follow in the wake of phosphorus more than in that of many medicines recognised in our Pharmacopœia; and were Dr. Althaus to attend to it, he might find quite as much difficulty in getting his prescriptions compounded with "carefully prepared" liquor ammoniæ acetatis as with "well-prepared oleum phosphoratum." Where there is difficulty in getting patients supplied with the proper phosphorated oil of the French Codex, I would respectfully suggest the use of magistral formulæ for phosphorus. In Beasley's "Book of Prescriptions," Bouchardat's "Nouvelle Formul ire Magistral" (1868), Posner and Simon's "Handbuch der Allgemeinen und Speciellen Arzneiverordnungs-Lehre" (1867), and other similar books, formulæ for the use of phosphorus will be found which admit of its being immediately compounded into a properly prepared, in every way unobjectionable, and efficient form. With Dr. Althaus, I think phosphorus should have had a more important place than it has in the British Pharmacopœia; and, like him, when thinking of prescribing it, I have often felt the difficulty, or rather annoyance, of not being able to at once select well-prepared oleum phosphoratum. Knowing, however, that it was not kept generally in stock here, and that it could not be prepared without an inconvenient lapse of time, I have always had recourse to some magistral formula, and never had much reason to miss the French officinal preparation, although had it been at hand I would certainly have often availed myself of it. Drs. Posner and Simon tell us that recently Müller, of Breslau, has recommended a solution of phosphorus in absolute alcohol, as the best form in which it may be prescribed, and he calls it "spiritus phosphoratus concentratus." The exact proportions are:—Two drachms of phosphorus to six ounces of absolute alcohol, repeatedly warmed and shaken, and, after twelve hours, filtered. With six parts of absolute alcohol the filtrate forms the spiritus phosphoratus dil., five ounces of which contain in solution 1·43 grain of phosphorus.

I am, Sir, your obedient servant,

Aberdeen, November 2nd, 1868. JOHN CHRISTIE, M.D.

Mr. Gray will receive a private note, giving the required information. It would be well to bring the matter before the officer of health of the district.

THE CHILDREN IN FARNHAM WORKHOUSE.

IT is gratifying to think that the children of the Farnham Workhouse, although not so prominently brought forward as they were last year, have not been forgotten by their London friends. Mr. Summers Hutchinson has generously sent them two large cases of toys, to the value of six or seven pounds.

Medicus.—The examination for the diploma is *viva voce*. The questions are not published.

MEDICAL CHARGES.

To the Editor of THE LANCET.

SIR,—"Albion" will find the following charge fair to both doctor and collier:—Single men, 5*s.* a year; married men, including wife and family, 10*s.* a year. Confinements extra. Colliers are peculiarly liable to accident, and therefore should pay more than members of an ordinary Club. If the Colliers' Club does not include the wives and families, the bad debts contracted by them make a colliery appointment a losing concern to the doctor, and it was for this reason that I relinquished a colliery appointment some time ago.

Yours, &c.,

November 2nd, 1868. EXPERIENTIA.

POOR-LAW MIDWIFERY AT WORCESTER.

WE rejoice to see that a little wholesome publicity has not been without its effect on the Worcester Board of Guardians. In the case of the poor young woman who was allowed to remain a week in active labour without medical assistance, and in whom there was laceration when delivery took place, they have been forced to acknowledge that there was no want of skill or attention on the part of the medical officer; but that the midwife was not wholly free from blame in not sending earlier for aid. The mover stated that there was an evident impression on the mind of the midwife that the Board would much rather she should not send for a medical man than that she should; and this does not appear to have been denied. Indeed it is time that the question of parish midwifery should be taken up by the Poor-law Board; for although, as Mr. Bozward stated, the Guardians are bound to employ properly qualified persons as midwives, there is no guarantee whatever, beyond the fiat of the auditor (!), that such is anywhere the case; and it is simply absurd to suppose that qualified women can be found to perform properly such responsible duties for the paltry fee of four shillings per case, which we believe to be the sum paid by the Worcester Guardians.

Dr. Collinson, (Manchester.)—1. Not under the new Pharmacy Act. See notice in last week's LANCET.—2. Yes.—3. By courtesy, not by right. The letters "L.R.C.P." might follow the name.

THE interesting paper of *Dr. W. H. Barlow* (Manchester) shall be inserted.

A CASE OF DISTRESS.

To the Editor of THE LANCET.

SIR,—Will you kindly allow the following appeal to appear in THE LANCET on behalf of the widow and family of the late Mr. Jump, Surgeon, of Litcham? The case is a very sad one, and fully deserves the support of the profession.

During the recent epidemic of typhoid fever, Mr. Jump and three of his daughters were simultaneously attacked, and he unfortunately fell a victim to the disease, leaving a widow and eight children (five of whom are too young to do anything towards their own maintenance), with barely £30 per annum. Mr. Jump was for thirty-two years a most respectable and hard-worked parish surgeon, and had no means of providing for the future. It is, therefore, hoped that this appeal will be responded to with that kindness which characterises the members of his profession.

Subscriptions will be thankfully received by the Rev. G. W. Winter, Rector of Litcham; or Thos. Palmer, Esq., Solicitor, Swaffham. The youngest child, aged ten years, is a candidate for a Foundation Scholarship at the Medical Benevolent College.

The following subscriptions have already been promised:—

Rev. G. Winter, Litcham ...	£5	0	0	Rev. A. Langton, Fransham	£1	0	0
M. Johnstone, Esq., Renton	2	0	0	Miss E. E. Winter, Hastings	5	0	0
F. Manby, Esq., Rudham ...	2	0	0	Miss Eliza Winter, Kingston	2	0	0
T. M. Kendall, Esq., Lynn .	1	1	0	Sudlow Roots, Esq., ditto...	2	0	0
Litcham Lodge of Odd Fellows	10	0	0	D. Lynes, Esq., Litcham ...	5	0	0
Rev. K. Digby, Tittleshall .	2	0	0	Miss Lynes	1	0	0
Rev. C. B. Barnwell, Mitcham	2	0	0	Dr. Lowe, Lynn	3	3	0
				Rev. R. Blakelock, Norwich	1	0	0

I am, Sir, yours faithfully,

Lynn, November 3rd, 1868. JOHN LOWE, M.D.

Enquirer.—We consider Mr. Haynes Walton's work very well suited to the purpose. Mr. Henry Power has likewise published an excellent treatise on the same subject.

P. R.—Our correspondent will derive all the information he wants by referring to the Students' Number of THE LANCET. A regular course of study is necessary before the qualification can be obtained.

A Correspondent (Aberdeen) expresses an ardent desire that the matters at present being discussed in reference to the Aberdeen Infirmary should be thoroughly ventilated, and from every point of view.

Hippos, (Doncaster.)—Not legally. It would be necessary to hold a graduate's degree, and to be registered under the Medical Act.

Walter P.—Generally at the age of eighteen.

Students, (St. Thomas's Hospital.)—The gentleman shall be communicated with on the subject. We believe the custom is different at other hospitals.

W. W., (University College.)—1. Mr. Liston performed the operation on many occasions with remarkable success.—2. Mr. Syme was Professor of Surgery at that College many years since.

Mr. B. Dodsworth.—Thanks.

Mr. Berry.—We do not find the individual's name in the Medical Register.

NEW METHOD OF OPERATING FOR NASAL POLYPI.

To the Editor of THE LANCET.

SIR,—The gentleman whose case I described under Case 5, on page 535 of THE LANCET of Oct. 24th, 1868, has addressed a letter to me, in which he says that in one or two points my account is not so accurate as he should like it to be, because "on being read by friends to whom he has from time to time mentioned the particulars of each visit, it might lead them to think that he had exaggerated the case." He finds I have entirely omitted to mention the operation performed on Oct. 12th, when I removed nineteen polypi, five of which were of considerable size. His age is sixty-seven, and not sixty-eight, as stated; and Mr. Taylor, his medical attendant, who introduced him to me, resides on Clapham-common, not in Clapham-park, as erroneously stated. The patient can now respire through the left nostril as well as the right, no doubt because the septum has had time to recede towards the right. This last particular is the only point which it would be of professional importance to mention. But the grounds given for the corrections on the part of the patient will perhaps, in justice to him, induce you to oblige me by inserting this letter.

Your obedient servant,

November, 1868. J. L. W. THUDICHUM, M.D.

L.R.C.P. *versus* M.D.

L.R.C.P. Edin. objects to our seeing any insufficiency in the mere licence of a College of Physicians as a qualification for hospital appointments. We are sorry to say that his arguments do not alter our opinion as lately expressed. The one-faculty system surely does not mean a communism of titles and professional qualifications. The essence of it is a single qualification for all the purposes of ordinary practice. This is quite consistent with a distinction of professional titles, and the wisdom and fairness of making higher qualifications a condition of hospital and other appointments of exceptional responsibility. It may be "mere flunkeyism" to distinguish qualifications; but we do not see it to be so. We shall not attempt the invidious task of saying whether or not Colleges of Physicians or Universities have "stooped the lowest in the gift," respectively, of their licences and doctorates. Let bygones be bygones. It is enough to say that licences are the lowest qualifications conferred by Colleges, while the doctorate is the highest degree of Universities.

An Army Surgeon and other Correspondents.—We cannot possibly find space for all the communications which we have received, many of which, by the way, contain the same matters, only variously expressed. We will insert some, and endeavour to make an abstract of a few others.

THE PHARMACY ACT.

WE have received a large number of letters on this subject. An explanatory article in reference to the main points in the new Act, and their relation to the profession, is unavoidably postponed until next week.

THE letters of *Dr. Henry Steele*, *Dr. Litchfield*, and *J. K. L.* shall receive attention in our next number.

THE CUSTOMS FUND INSURANCE OFFICE AND THE MEDICAL PROFESSION.

Dr. Alfred Sheen, of Cardiff, has forwarded to us the following correspondence for publication in THE LANCET:—

61, Crockherbtown, Cardiff, October 2nd, 1868.

SIR,—I have this day received a letter from you, asking for a professional report on the health of Mr. ——. May I be permitted to ask whether, on such report being furnished to the Directors, they will allow the usual fee of one guinea? I am, Sir, your obedient servant,

To the Secretary, Customs Fund. ALFRED SHEEN, M.D.

October 3rd, 1868.

SIR,—In reply to your letter of the 2nd instant, we beg to inform you that, in consideration of the peculiar character of this Fund, the Directors are not in the habit of giving a fee for a mere reference to the medical attendant of a proposer. This is not an ordinary Insurance Office, its object being simply to benefit the families of the members. The Directors all give their services gratuitously, and we almost invariably find that, circumstances being explained, the profession are willing to waive their claim in respect of the fee.

We are, Sir, your obedient servants,

R. S. BUTTERFIELD, Secretary.
A. HARPER, Comr.

Alfred Sheen, Esq., M.D.

Cardiff, October 4th, 1868.

SIR,—I beg to acknowledge the receipt of your letter, dated the 3rd inst., and am sorry to say that I cannot see the force of your reasoning in declining to pay the usual fee. I submit that the character of the Customs Fund (although peculiar, certainly, in not paying medical fees) does not differ materially from that of ordinary Insurance Funds: the one is for the benefit of the families of the insured alone; the other for the same or a similar purpose, plus a something else.

All this, however, and the fact that the Directors give their services gratuitously, is, to my mind, beside the question. The question, as far as regards the payment of this fee out of the Fund, is, not how far your Fund differs from other Insurance Offices, but in what they agree. You agree thus far—

1. That you ask the medical attendant to make a professional report upon the state of his patient's health. (I would remind you that the "mere reference" you speak of in your letter contains twelve distinct questions, some of them compound ones, several of which could only be answered satisfactorily by the medical attendant of the proposer.)

2. This "mere reference" is obviously for the benefit of the Fund, although of course only indirectly so; for I suppose if the medical report were unsatisfactory, the proposal would be altogether declined, or only accepted at a higher rate of premium than ordinary.

Surely my patient cannot be expected to pay me a fee for a report upon his health which may be altogether detrimental to him self.

In conclusion, I would submit that the fact of the Customs Fund being a rich Fund is all the more reason why it should pay medical fees, although, of course, this fact has nothing whatever to do with the principle of payment or non-payment of fees by Insurance Offices.

I remain, Sir, your obedient servant,

ALFRED SHEEN, M.D.

R. S. Butterfield, Esq., Secretary, Customs Fund.

Cardiff, October 8th, 1868.

SIR,—I am surprised at not having heard from you in reply to my letter of the 4th inst. Mr. —— has communicated to me the contents of a letter received this day from you; but I beg to remind you that this is not a matter between Mr. —— and me, but between the Directors of the Customs Fund and myself. *He* does not "produce evidence of the state of his health," neither do you ask him to do it; but *you*, on behalf of your Directors, write to his medical attendant for a professional report, and decline to pay for the same. Such is the true, matter-of-fact way of putting it, and I need scarcely remind you that such a course cannot be creditable to the Customs Fund any more than to any ordinary Insurance Office.

I have not, as you assert in your letter to Mr. ——, declined to send in the report on his health, nor was such my intention. Had it been for any other office I certainly should have declined.

I shall take the liberty of forwarding the correspondence which has passed between us on this subject to the Editor of THE LANCET.

I remain, Sir, your obedient servant,

ALFRED SHEEN, M.D.

R. S. Butterfield, Esq., Secretary, Customs Fund.

STATE OF RATCLIFFE AND LIMEHOUSE.

FEVER is raging in Ratcliffe and Limehouse, owing, according to the medical officer of health, to the extreme poverty which is prevailing in those districts. He suggested that a letter should be written to the Board of Guardians, calling their attention to this matter. The Chairman of the Board of Health wished it to be distinctly understood that the fever is not from any fault of the Board, but the result of poverty. A man fell out of work, applied for relief, and was offered the workhouse. He refused, and dragged on a miserable existence, impoverishing himself, and rendering himself liable to the attack of any epidemic which might be raging. It was not the fault of the guardians, but of the system. It was unanimously resolved to address the guardians in accordance with the medical officer's suggestion.

THE TOBACCO QUESTION.

A VERY interesting article on the effects of Tobacco is contained in the *Spectator* of last week. We propose to notice the subject in our next issue.

An English Wife (Dublin) is correct in stating that the article originally appeared in THE LANCET. The annotation to which our correspondent refers was written solely on public grounds.

Dr. Ellis, (Crowle.)—Many thanks.

Mr. C. W. Paton's paper "On Three Cases of Tracheotomy" shall appear in an early impression. The other papers mentioned may be forwarded, but should be condensed as much as possible.

Mr. Condy.—Mr. Sillar resides at Sydenham Hill.

THE RECENT EARTHQUAKES.

THE other day, whilst waiting at a railway station, we heard a lady remark to her friend departing by train, "Don't worry yourself; if the earth *is* turned topsy-turvy, I'll telegraph." If the lady in question lived in Wales or the west of England, and felt the earthquake, her words must have recurred to her mind; but we do not know whether she did telegraph; probably she wrote to a newspaper instead. Our late experiences in Ireland and in this island have naturally led people to talk and think a good deal about earthquakes, which, extremely rare as they have been in this country, were not altogether unknown in the 11th, 12th, 13th, and 14th centuries. We were one day discussing with a medical friend, who had practised in South America, the effect on the human mind and character of residence in latitudes where earthquakes were frequent. He agreed with Mr. Buckle, that earthquakes were, to put it mildly, very much against the progress of civilisation; or, to state it more seriously, that in regions where Nature was so powerful in her operations as to impress the minds of men with awe and a sense of their own insignificance, the intellect became dwarfed, fear and weakness casting out strength and hope, and thus leading to superstition and to mental and moral weakness of character. It has been our fate to feel the shock of an earthquake. It commenced with a distant, heavy, rumbling sound, like the movement of artillery galloping along. Presently the bed trembled, then rocked; the closet-doors opened as by invisible hands; the crockery jingled, and a little child sleeping in its crib awoke with a dreamy cry of "Who is rocking my bed?" and with a happy unconsciousness of danger turned and slept again, while its parents felt that sense of awe which necessarily falls upon the mind with the belief that a great catastrophe and death are at hand. As often happens on such occasions, the extreme nervous tension gave rise to an unnatural calmness, which displaced all sense of fear. The writer speaks of his own sensations; and although he could feel his heart stop and beat again irregularly, he had none of that kind of fear which he certainly did experience whilst he remained awake, apprehending another shock. Happily, however, it passed off without danger; but some of the terror-stricken inmates of houses rushed into the streets, half-clad, bearing their children in their arms, and walked about during the night, in very much the condition described by Byron in his "Dream of Darkness," when all thoughts went up to heaven in a prayer for light. Movements of a milder character were repeated during the night. Of course such mental shocks and such nervous tension, when people live a lifetime in a few minutes, are not without their subsequent effect on the nervous organisation, and premature births and emotional affections are common enough afterwards, just as these were said to have arisen among those who had taken part in the horrors of the French revolution. It is difficult, of course, to obtain accurately recorded observations on such occasions; for how can a man observe the phenomena of a world which he believes to be immediately coming to an end with himself and everything on it? Our knowledge of the phenomena and laws of earthquakes is still very imperfect. Humboldt, Mallet, Scrope, M. Perrey, and others have endeavoured, with a certain amount of success, to investigate these, and determine the rate at which the earth-waves travel. We no longer believe with the ancient Greeks that Enceladus, the giant, lies groaning day and night under the island of Sicily, and that when he turns, the earth quakes, and his breath bursts out in roaring flames from the highest cone of Etna.

A CONTRAST.

IN the City of London Union it was reported last week that 1741 persons had been relieved in their own homes, at the cost of £232 3*s.* 8½*d.*; whilst during the same time in Bethnal Green the number similarly relieved was 2466, at the cost of £98 18*s.* 3*d.*; so that it would appear that whilst each destitute person in the City is given 2*s.* 8*d.* for his week's relief, one in Bethnal Green would receive but 9½*d.* We would respectfully ask the guardians of Bethnal Green if they are not too liberal; for assuredly persons who only require the smaller sum must have other resources, and so might reasonably be expected to do without parish assistance.

SIR JAMES MURRAY'S FLUID MAGNESIA.

AN article in the *Pharmaceutical Journal* for October, giving an analysis of the so-called "citrate of magnesia," induces us to call the attention of the profession to a short account of the introduction of fluid magnesia. In the early part of this century, Sir James Murray, M.D., of Dublin, who was aware of the injurious effects resulting from the solid magnesia then in use, discovered the means of dissolving it, and previous to the year 1817 introduced the first preparation of fluid magnesia. During the long series of years since that time this mixture has steadily maintained its position before the profession and the public. The experience of the inventor has enabled him to effect several improvements in the detail of its manufacture. Its value is so generally admitted that the framers of the British Pharmacopœia have introduced a formula for its preparation identical in every particular with Sir J. Murray's mode of manufacture as embodied in his latest patents. The analysis of the so-called "citrate of magnesia," as given by Mr. Clayton at page 195 of the *Pharmaceutical Journal*, proves that the the compound now so generally vended under that name consists of one part of sulphate of magnesia to sixteen parts of bicarbonate of soda. The other ingredients are chiefly sulphuric, tartaric, and carbonic acids, with some sugar. But Mr. Clayton states that the manufacturer has to use the "cheapest material;" that citric acid and magnesia have to be "kept down" on account of the cost; and that the neutral citrate of magnesia used at first "had to be abandoned, because the compound would not keep." At the close of the paper, the President stated he agreed with those who condemned the use of the term "citrate of magnesia" for such a compound as was now sold under that designation. Yet this article is foisted on the public as a preparation of magnesia, whereas it is really soda and acid; and its aperient qualities (if it have any) are due chiefly to the small quantity of sulphate of magnesia, which, as is well known, is very different in its effects from the soluble carbonate of magnesia, the sulphate being much more harsh and acrid, besides being less safe. The special object of this notice is to put the profession on its guard against the supposition that these "citrates of magnesia" can ever be a proper substitute for fluid magnesia.

Mr. Robert Pattie (Moffat) should address the journal in which the alleged plagiarism appeared.

A Subscriber to the Epsom College states that he has "never, with but one exception, heard of any boy after leaving Epsom having particularly distinguished himself, and that to his own knowledge two boys, both from the upper school, went to a private academy previous to offering themselves for their preliminary medical examination." It is quite time that a full investigation be made into the management of the Royal Medical College.

Bistoury.—Our correspondent is thanked. We have already disposed of the matter.

A QUERY.

To the Editor of THE LANCET.

SIR,—Would any of your surgical readers kindly state their opinion as to what is the proper treatment in the following case:—Anchylosis of the wrist-joint and inferior radio-ulnar articulation, the result of a sprain mistreated by a bone-setter. Would excision of the wrist-joint be justifiable?

Yours obediently,

November 2nd, 1868. N. J.

G. E. B.—The fact of having served as an assistant to a general practitioner for the last three years, as stated by our correspondent, does not entitle a person to register, or even to pass the *modified* examination. It will be necessary to pass what is termed the *minor* examination.

R. S.—Legally, no; but it is not anticipated that the provisions of the Pharmacy Act will, in respect of the point raised by our correspondent, be enforced against general practitioners.

THE POOR-LAW MEDICAL SERVICE.

Dr. Rogers has forwarded us for publication a circular letter, which has been addressed to the Poor-law medical officers by one of the Honorary Local Secretaries of the Poor-law Medical Officers' Association, in which the present grievances of these gentlemen are set forth in order, and the objects of the Association in regard to their removal are defined. We regret that it arrived too late for insertion this week.

"SOMETHING WRONG WITH THE DRAINS."

To the Editor of THE LANCET.

SIR,—I have seen an extract from THE LANCET, headed as above. A year or two ago I sent to a neighbouring paper a plan of my own, which I dare say is now forgotten. Its object is to prevent the smell from the drain ascending into the house by the sink-pipe, and consists of a small basin fixed in the drain outside the house, into which the leaden pipe from the sink must dip, say a couple of inches. Of course the water from the sink keeps the basin full and continually cleansed, and there is not any draught up the pipe, even in the strongest wind, which I think cannot be said of any other trap that I am acquainted with.

Yours truly,

Rawden, near Leeds, Oct. 31st, 1868. JOSEPH FIRTH, Mason.

An Old Subscriber (Sydenham) should take the advice of his medical attendant. We do not prescribe.

WE are obliged from pressure of other matters to postpone the answers to various communications till next week.

ERRATA.—A misprint occurred in the first name attached to the article on "The Influence of Quinine," &c., in our last impression. It should have been "H. C. Gill," not "Gell." Also, in the answer to correspondents in reference to Dr. Edwards Crisp's speech at the Medical Society of London, for "*medical* aids to diagnosis," read *mechanical*, &c.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Brodhurst; Dr. Brown-Séquard; Mr. Haynes Walton; Dr. Thudichum; Mr. W. Adams; Dr. Hughlings Jackson; Mr. Foster, Leeds; Mr. Holding; Dr. Buchanan; Mr. Swete; Dr. Williams; Mr. Stirling; Mr. Brown; Mr. Jones, Dolgelly; Dr. Letheby; Mr. Bingham; Dr. Blackburn, Barnsley; Mr. Moore, Stockport; Mr. Campbell; Dr. Waters, Chester; Dr. Ash; Dr. Steele, Montrose; Dr. Wallis, Brentwood; Mr. Green; Dr. Silvester; Mr. Miller; Mr. Berry; Messrs. Diprose and Bateman; Mr. Key; Mr. R. Egerton, Manchester; Dr. Pearse; Mr. Beeton; Mr. England, Stockport; Mr. Ellis; Mr. Storr; Mr. Hyde; Mr. Jones, Presteign; Dr. Thorp, Sible Hedingham; Mr. Keane, Wrexham; Dr. Murray; Dr. Lister, Newton-le-Willows; Mr. Harrison; Dr. Ashburne; Mr. Stevens, Walsall; Dr. Stone; Mr. Price; Mr. Roberts; Mr. Clark; Mr. Garnham; Mr. Phillips, Ipswich; Mr. Millar; Mr. Quick; Dr. Cresswell; Mr. Little; Mr. Martin, Barnstaple; Dr. Adams, Barnes; Messrs. Linklater and Co.; Mr. King, Rochford; Dr. Marsh, Littlemore; Dr. Lowe, Lynn; Mr. Gentle; Mr. Renshaw, Altrincham; Mr. Jennings; Mr. Butler; Dr. Wyer; Dr. Taylor, Chester; Mr. Condy; Mr. Garnell; Dr. Donnell, Limerick; Mr. Read; Mr. Forrest; Mr. Dodsworth, York; Mr. Cubley; Mr. Thomson, Oldham; Dr. Ewens; Dr. Buck, Inkberrow; Mr. Streatfeild; Mr. Arding; Dr. Litchfield, Twickenham; Mr. Fawcett, Wisbeach; Dr. Carey; Mr. Mills; Mr. Macnamara, Mansfield; Mr. May; Mr. Warne; Dr. Christie, Aberdeen; Mr. Lupton, Talywaine; Dr. Paton, Edinburgh; Mr. Stevenson, Gateshead; Dr. Pattie, Lochsthorn; Mr. Gill; Mr. Tulloch; Dr. Pringle, Parramatta; Dr. Rowland; Dr. Collinson, Manchester; Mr. Henry, Bungay; Dr. Morris, Spalding; Dr. Wade, Hanley; Dr. Anderson; Dr. Maclean; Dr. Thomson, South Yarra; Dr. Leo, Melbourne; Mr. Bean; Mr. Nunneley, Leeds; Dr. Kershaw; Mr. Rotter; Mr. Morgan, Llansaintffraid; Dr. A. de Labordette; Mr. Coldstream, Edinburgh; Dr. Barron; Medical Society of London; Regimental Surgeon; Anti-Bashaw; Twelve Years' Service; A. L.; Anthropological Society; N. J.; Royal College of Physicians; Hippos; M.D.; H. W., R.N.; Leonis; Beaumont Medical Society; Physicians' Hall, Edinburgh; Experientia; LEX; Walter P.; Veritas et Pax; Medicus; An Anti-Tobacconist; W. W.; The Secretary of the Middlesex Hospital Medical Society; An English Wife; P. T.; J. K. L.; Ethnological Society; Cantab.; J. E. B.; J. B. W.; &c.

Aberdeen Herald, Gateshead Observer, Japan Times, Wrexham Advertiser, Salisbury Journal, Surrey Advertiser, Bucks Herald, Brighton Gazette, Lincolnshire Chronicle, Edinburgh Evening Courant, Aberdeen Journal, Worcestershire Advertiser, Carnarvon Herald, London Atlas, Scotsman, Downpatrick Recorder, Liberal Review, Scientific Opinion, Glasgow Herald, and *Malvern Advertiser* have been received.

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